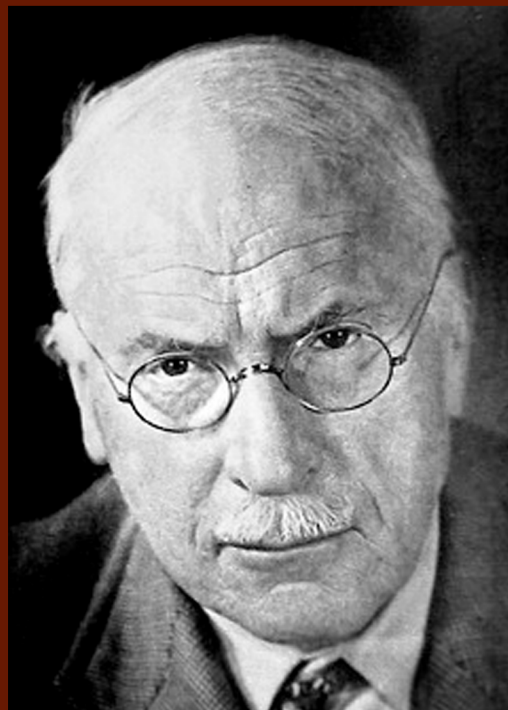




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



Carl Gustav Jung (1875-1961)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
Editor:
Ankit P. Patel

Scan this code in
your smart phone and
Submit Your Paper





The International Journal of
INDIAN PSYCHOLOGY

Volume 2

Issue 3, No. 5

April to June 2015

Editor in Chief

Prof. Suresh M. Makvana, PhD

Editor

Mr. Ankit P. Patel

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 2, Issue 3, No. 5) Published, June 2015

Headquarters;

REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230

Customer Care: +91 99 98 447091

Copyright © 2015, IJIP

No part of this publication may be reproduced, transcribed, stored in a retrieval system, or translated into any language or computer language, in any form or by any means, electronic, mechanical, magnetic, optical, chemical, manual, or otherwise, without the prior written permission of RED'SHINE Publication except under the terms of a RED'SHINE Publishing Press license agreement.

ISSN (Online) 2348-5396

ISSN (Print) 2349-3429

ZDB: 2775190-9

IDN: 1052425984

CODEN: IJIPD3

OCLC: 882110133

WorldCat Accession: (DE-600)ZDB2775190-9

ROAR ID: 9235

Impact Factor: 4.50 (ICI)

Price: 500 INR/- | \$ 8.00 USD

2015 Edition

Website: www.ijip.in

Email: info.ijip@gmail.com | journal@ijip.in

Please submit your work's abstract or introduction to (info.ijip@gmail.com | www.ijip.in)

Publishing fees, 500 INR OR \$ 8.33 USD only (online and print both)

Editorial Board

The Editorial Board is comprised of nationally recognized scholars and researchers in the fields of Psychology, Education, Social Sciences, Home Sciences and related areas. The Board provides guidance and direction to ensure the integrity of this academic peer-reviewed journal.

Editor-in-Chief :

[Prof. Suresh M. Makvana, PhD](#)

INDIA

*Professor. Dept. of Psychology, Saradar Patel University. Vallabh Vidhyanagar, Gujarat,
Chairman, Board of Study, Sardar Patel University, Gujarat State*

Editor :

[Mr. Ankit Patel,](#)

Clinical Psychology

INDIA

Author of 20 Psychological Books (National and International Best Seller)

Editorial Advisors :

[Dr. D. J. Bhatt](#)

INDIA

Head, Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat,

[Dr. John Michel Raj. S](#)

INDIA

Dean, Professor, Dept. of Social Science, Bharathiar University, Coimbatore, Tamilnadu,

[Dr. Tarni Jee](#)

INDIA

President, Indian Psychological Association (IPA)

Professor , Dept. of Psychology, University of Patana, Patana, Bihar,

[Prof. C.R. Mukundan, Ph. D, D. M. & S. P](#)

INDIA

Professor Emeritus / Director,

Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.

Author of 'Brain at Work'

[Prof. M. V. R Raju,](#)

INDIA

Head & Prof, Dept. of Psychology, Andhra University, Visakhapatnam

Co-Editor(s):

[Dr. Samir J. Patel](#)

INDIA

Head, Professor, Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,

[Dr. Ashvin B. Jansari](#)

INDIA

Head, Dept. of Psychology, Gujarat University, Ahmadabad, Gujarat,

[Dr. Savita Vaghela](#)

INDIA

Head, Dept. of Psychology, M. K. Bhavanagar University, Bhavnagar, Gujarat,

Prof. Akbar Husain (D. Litt.) Coordinator, UGC-SAP (DRS - I) Department of Psychology, Aligarh Muslim University, Aligarh	INDIA
Dr. Sangita Pathak Associate Professor , Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat	INDIA

Associate Editor(s):

Dr. Amrita Panda Rehabilitation Psychologist, Project Fellow, Centre for the Study of Developmental Disability, Department of Psychology, University of Calcutta, Kolkata	INDIA
Dr. Shashi Kala Singh, Associate Professor, Dept. of Psychology, Ranchi University, Jharkhand	INDIA
Dr. Pankaj Suvera Assistant Professor. Department of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,	INDIA
Dr. Subhas Sharma, Associate Professor, Dept. of Psychology, Bhavnagar University, Gujarat	INDIA
Dr. Raju. S Associate Professor , Dept. of Psychology, University of Kerala, Kerala,	INDIA
Dr. Yogesh Jogasan Associate Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat,	INDIA
Dr. Ravindra Kumar Assistant Professor, Dept. of Psychology, Mewar University, Chittorgarh, Rajasthan,	INDIA

Editorial Assistant(s):

Dr. Karsan Chothani Associate Professor , Dept. of Psychology, C. U. Shah College, Ahmadabad, Gujarat,	INDIA
Dr. R. B. Rabari Head, Associate Professor, SPT Arts and Science College, Godhra, Gujarat,	INDIA
Dr. Shailesh Raval Associate Professor, Smt. Sadguna C. U. Arts College for Girls. Lal Darwaja, Ahmedabad, Gujarat.	INDIA
Dr. Thiyam Kiran Singh Associate Professor (Clinical Psychology), Dept. of Psychiatry, D- Block, Level- 5, Govt. Medical College and Hospital, Sector- 32, Chandigarh	INDIA
Dr. Milan P. Patel Physical Instructor, College of Veterinary Science and A.H., Navsari Agricultural University, Navsari, Gujarat,	INDIA
Mr. Yoseph Shumi Robi Assistant Professor. Department of Educational Psychology, Kotebe University College, Addis Ababa, KUC,	ETHIOPIA

Dr. Priyanka Kacker Assistant Professor, Neuropsychology and Forensic Psychology at the Institute of Behavioral Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.	INDIA
Dr. Ali Asgari Assistant Professor. Department of Psychology, Kharazmi University, Somaye St., Tehran,	IRAN
Dr. Ajay K. Chaudhary Senior Lecturer, Department of Psychology, Government Meera Girls College, Udaipur (Raj.)	INDIA

Peer-Reviewer(s):

Dr. MahipatShinh Chavada Chairman, Board of Study, Gujarat University, Gujarat State Principal, L. D Arts College, Ahmadabad, Gujarat	INDIA
Dr. Navin Patel Convener, Gujarat Psychological Association (GPA) Head, Dept. of Psychology, GLS Arts College, Ahmadabad, Gujarat,	INDIA
Dr. M. G. Mansuri Head, Dept. of Psychology, Nalini Arts College, Vallabh Vidhyanagar, Gujarat,	INDIA
Dr. Bharat S. Trivedi, Head, Associate Professor , Dept. of Psychology, P. M. Pandya Arts, Science, Commerce College, Lunawada, Gujarat,	INDIA

Reviewer(s):

Lexi Lynn Whitson Research Assi. West Texas A&M University, Canyon,	UNITED STATES
Dr. Rūta Gudmonaitė Project Manager, Open University UK, Milton Keynes, England,	UNITED KINGDOM
Dr. Mark Javeth, Research Assi. Tarleton State University, Stephenville, Texas,	UNITED STATES

Online Editor(s):

Dr. S. T. Janetius, Director, Centre Counselling & GuidanceHOD, Department of Psychology, Sree Saraswathi Thyagaraja College, Pollachi	INDIA
Dr. Vincent A. Parnabas, Senior Lecturer, Faculty of Sport Science and Recreation, University of Technology Mara, (Uitm), 40000 Shah Alam, Selangor.	MALAYSIA

Deepti Puranik (Shah), Assistant Director, Psychology Department, Helik Advisory LimitedAssociate Member of British and European Polygraph Association.	INDIA
Mr. Ansh Mehta, Clinical Psychology, Sardar Patel University, Vallabh Vidhyanagar, Anand, Gujarat,	INDIA
Dr. Santosh Kumar Behera, Assistant Professor, Department of Education,Sidho-Kanho-Birsha University, Purulia, West Bengal	INDIA
Heena Khan Assistant Professor, P.G. Department of Psychology, R.T.M. Nagpur University, Nagpur, Maharashtra	INDIA
Dr. Jay Singh Assistant Professor (Psychology, Govt. Danteshwari PG College, Dantewada, Chhattisgarh	INDIA
Dr. Soma Sahu Lecturer, Teaching Psychology, Research Methodology, Psychology Dept. Bangabasi College, Kolkata	INDIA



< Scan this code and know more about our team

Message from Editors

Welcome to Volume 2, Issue 3. Throughout this period, IJIP focused on improving our policies, format and facilities provided, keeping in mind our authors; because we love our authors and our authors love us!

Our main purpose is to put forward a variety of psychological ideas and researches to the world. We also aim to develop meaningful relationships with good publications around the world. We do this with the aim of providing advantage to us and to them. Some of the major publishers and institutes we have tried to connect to be Google, Academia, OAJI and Research Bible. We have also been given a chance to work with Publishing Police at a very low cost and high quality benefits.

IJIP has been rewarded with a No. 1 position with a score of 19.67 on the Directory of Science which lists the top 100 science journals throughout the world. Our impact factor is 4.50, evaluated by Index Copernicus International, from Warsaw, Poland.

In the following issue experts in varying fields of psychology have shared their ideas related to psychological problems and their solutions. We are grateful to these authors for allowing us to publish their researches and ideas in this issue. We would also like to thank other writers, and our beloved readers for providing a strong support and being a part of team.

Prof. Suresh Makvana, PhD*

(Editor in Chief)

Mr. Ankit Patel**

(Editor)

*Email: ksmnortol@gmail.com

**Email: info.ankitpatel@asia.com

Index of Volume 2, Issue 3, No.5

No.	Title	Author	Page No.
1	Person of the Issue: Carl Gustav Jung (1875-1961)	Ankit Patel	01
2	Helping Attitude and Psychological Well-Being in Older Widowed Women	Tina Fernandes, Nandini Sanyal, Amtul Fatima	05
3	Curiosity among School going Students	Dr. Shashi Kala Singh	18
4	Risky Decision Making in an Interactive Environment	Madhuri Ramasubramanian	24
5	Adversity Quotient for Prospective Higher Education	Hema G. Dr. Sanjay M. Gupta	49
6	Organizational Commitment among Public and Private School Teachers	Sadia Khan	65
7	A Comparative Study on Dimensions of Role Efficacy between Top and Lower Management of Universities in Rajasthan	Chaudhary A. K. Jain N	74
8	Burden, Stress and Coping Strategies of Intellectually Disabled Children	Dr. Thiyam Kiran Singh Priyanka Panday	79
9	A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly	Rohan Pillai	91
10	Effects of Happiness on Mental Health	Dr. Gopal Chandra Mahakud Ritika Yadav	106
11	Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults	Nayanika Singh Prathma Sharma Mahasweta Bose	115
12	Academic Cheating among Adolescents in relation to Socio-Economic Status	Prof. Ashok K. Kalia Mr. Vinod Kumar	127
13	Relationship between Depression and Psychological Well-being of Students of Professional Courses	Pragya Tiwari Dr. Nishi Tripathi	139
14	The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City	Melody Shahab	147

15	Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students	Ajaz Ahmad	152
16	Perceived Stress and Coping among Rural Adolescent Girls in India	G. Ragesh C. Sabitha Dr. A. Anithakumari Dr. Ameer Hamza	170
17	Cognitive Profile of Paranoid Schizophrenia on LNNB	Susmita Halder Akash Kumar Mahato Masroor Jahan	174
18	Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City	Mohammad Kianbakht Sedighe Naghel Hossien kohandel Vida Namdari	182
19	Dance Therapy as a Treatment Modality for Autistic Children in Social Interaction	Sophia Ali Dr. Anuradha	188
20	Death Anxiety among Handicapped and Normal Women	Dr. D. A. Dadhania	195
21	Depression and Mental Health Reference to Gender of College Students	Prof. (Dr.) Jayendra A. Jarsaniya	199

Disclaimer

The views expressed by the authors in their articles, reviews etc in this issue are their own. The Editor, Publisher and owner are not responsible for them. All disputes concerning the journal shall be settled in the court at Lunawada, Gujarat.

The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-India, 389230

Copyright Notes

© 2015; IJIP Authors; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

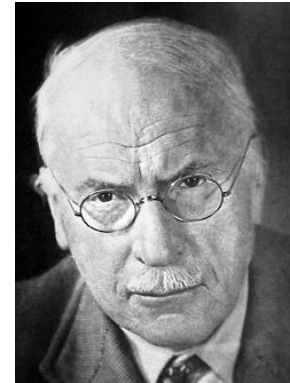


www.ijip.in

Person of the Issue: Carl Gustav Jung (1875-1961)

Ankit Patel¹

Born	26 July 1875 Kesswil, Thurgau, Switzerland
Died	6 June 1961 (aged 85) Küsnacht, Zürich, Switzerland
Alma mater	University of Basel
Field	Psychiatry, psychology, psychotherapy, analytical psychology
Spouse	Emma Jung



Carl Gustav Jung (1875-1961) had a significant contribution to the psychoanalytical movement and is generally considered as the prototype of the dissident through the impact of his scission and the amplification of the movement he created in his turn (analytical psychology).

Jung was the son of a Swiss reverend. He completed his medical studies, specialized in psychiatry and joined the staff of Burgholzli, the renowned psychiatric hospital in Zurich, run at that time by the famous Dr. Eugen Bleuler.

In 1902-1903 he attended a traineeship in Paris with Pierre Janet, and then returned to Zurich and he was called senior physician at Burgholzli.

It was in this context that Jung was introduced to Freud in 1907. Freud would be seduced by the prestige and personality of Jung and would soon see in him the spiritual son that could ensure the survival of psychoanalysis, so much so as Jung was not Jewish.

Intense, professional and friendship bonds form between the two, with an ambivalence dominated by the inclination of Jung to underestimate himself in comparison with Freud, the fervor of his devotion to the "father" of psychoanalysis and oneiric hostility (emphasized by Freud in the common interpretation of dreams).

Jung had a swift ascension in the hierarchy of psychoanalysis. He became the editor of *Jahrbuch*.

¹Clinical Psychology, Sardar Parel University, Gujarat

Person of the Issue: Carl Gustav Jung (1875-1961)

In 1908, he traveled to the United States and in 1910 he became the first president of the International Association of Psychoanalysis.

The reluctance of Jung towards the Freudian theory referred to the role of sexuality in the psychic development. In fact, Jung never completely embraced the sexual theory of Freud.

Since 1912 he became more and more distant in his writings, which would cause a scission materialized in 1914 by his resignation from all the positions he already held.

He married Emma Rauschenbach in 1903. They had five children. Even though he remained married to Emma till her death, he had several affairs with other women, the most notable of whom were Sabina Spielrein and Toni Wolff.

TIME LINE

Years	Happenings
1875	Jung is born in Kesswill, Switzerland, son of a Reformed Protestant pastor, Johann Paul Jung, and Emilie Preiswerk.
1895	Jung enters Basel University to study science and medicine.
1896	Jung's father dies.
1900	Jung graduates with a M.D. from the University of Basel and is appointed assistant at the Burgholzli Psychiatric Hospital, Zurich, under Professor Eugen Bleuler.
1900-1909	Jung works at the Burgholzli Mental Hospital in Zurich.
1902	Jung gets his Ph.D. at the University of Zurich with a doctoral dissertation <i>On the Psychology and Pathology of So-Called Occult Phenomena</i> .
1903	Jung marries Emma Rauschenberg. They get five children in the course of time.
1905-1913	Jung lectures in psychiatry at the University of Zurich.
1906	Jung initiates letter correspondence with Sigmund Freud and visits him next year in Vienna.
1907	Jung's first meeting with Freud. He writes the work <i>The Psychology of Dementia Praecox</i> .
1909	Jung resigns from Burgholzli. He visits USA with Freud.
1909	Jung also opens his private practice of psychoanalysis in Kuessnacht - he runs it enthusiastically till he dies.
1910	Jung is elected President of International Psychoanalytic Association. He writes <i>Symbols of Transformation</i> . Lectures at Fordham University.
1912	Jung declares he is scientifically independent of Freud and publishes <i>Neue Bahnen der Psychologie</i> .
1913	Jung resigns as President. His final break with Freud.
1916	Jung publishes <i>La structure de l'inconscient</i> .
1917	Jung publishes <i>Die Psychologie der unbewussten Prozesse</i> .
1919	Jung's first use of the term archetype (in <i>Instinct und Unbewusstes</i>).
1921	Jung publishes <i>Psychologische Typen (Psychological Types)</i> .
1923	Jung starts the building of his "tower" in Bollingen.
1923	Jung visits Pueblo Indians in North America.

Person of the Issue: Carl Gustav Jung (1875-1961)

1925	Jung's study trip to the Elgoni of Mount Elgon in East Africa.
1929	Jung's Commentary on the Taoist text <i>The Secret of the Golden Flower</i> .
1931	Jung publishes <i>Seelenprobleme der Gegenwart</i> .
1932-1940	Jung works as a professor of psychology at the Federal Polytechnical University in Zurich.
1934	Jung publishes <i>Wirklichkeit der Seele</i> . He also begins series of seminars on Nietzsche's <i>Zarathustra</i> . President (until 1939) of International Society for Medical Psychotherapy.
1935	Jung's Tavistock Lectures, London, on "Analytical Psychology".
1937	Jung's Terry Lectures, Yale University, on "Psychology and Religion".
1937	Jung's study trip to India.
1941	Jung publishes <i>Essays on a Science of Mythology</i> with Karl KerÄ©nyi.
1944-1945	Jung becomes professor of medical psychology at the University of Basel, and his <i>Psychology and Alchemy</i> is published.
1945	Jung publishes <i>Nach der Katastrophe</i> .
1948	Founding of C.G. Jung Institute, Zurich.
1950	Jung publishes <i>Aion - FÄ©nomenologie des Selbsts</i> .
1951	Jung's lecture "On Synchronicity".
1952	Jung publishes <i>Antwort fÄ¼r Job (Answers to Job)</i> .
1955?	His <i>Mysterium Coniunctionis</i> .
1957	Jung publishes <i>Gegenwart und Zukunft</i> .
1961	Jung dies at his home in Kusnacht, near Zurich, at the age of 85, after a short illness.

"Thank God I am Jung and not Jungian" (C.G. Jung)

CARL JUNG WORKS*

1. Memories, Dreams, Reflections
2. The Red Book: A Reader's Edition (Philemon)
3. The Portable Jung (Portable Library)
4. Modern Man in Search of a Soul
5. The Archetypes and The Collective Unconscious (Collected Works of C.G. Jung Vol.9 Part 1)
6. Synchronicity: An Acausal Connecting Principle. (From Vol. 8. of the Collected Works of C. G. Jung) (Jung Extracts)
7. Psychological Types (The Collected Works of C. G. Jung, Vol. 6) (Bollingen Series XX)
8. The Basic Writings of C. G. Jung (Modern Library)
9. Psychology and Alchemy (Collected Works of C.G. Jung Vol.12)
10. Mysterium Coniunctionis (Collected Works of C.G. Jung Vol.14)
11. Aion: Researches into the Phenomenology of the Self (Collected Works of C.G. Jung Vol.9 Part 2)
12. Four Archetypes: (From Vol. 9, Part 1 of the Collected Works of C. G. Jung) (Jung Extracts)
13. Answer to Job: (From Vol. 11 of the Collected Works of C. G. Jung) (Jung Extracts)

Person of the Issue: Carl Gustav Jung (1875-1961)

14. Symbols of Transformation (Collected Works of C.G. Jung Vol.5)
15. Psychology and Religion (The Terry Lectures Series)
16. Alchemical Studies (Collected Works of C.G. Jung Vol.13)
17. The Development of Personality (Collected Works of C.G. Jung Vol.17)
18. Jung contra Freud: The 1912 New York Lectures on the Theory of Psychoanalysis (Bollingen Series (General))
19. The Undiscovered Self: With Symbols and the Interpretation of Dreams (Jung Extracts)
20. The Psychology of the Transference
21. Dreams: (From Volumes 4, 8, 12, and 16 of the Collected Works of C. G. Jung) (Jung Extracts)
22. Analytical Psychology
23. Analytical Psychology: Its Theory & Practice (The Tavistock Lectures)
24. Essays on a Science of Mythology (With Carl Kerenyi)
25. Two Essays on Analytical Psychology (Collected Works of C.G. Jung Vol.7)
26. The Symbolic Life: Miscellaneous Writings (The Collected Works of C. G. Jung, Volume 18)

***All the works are available at**

<http://astore.amazon.com/freudandpsychoan?node=3&page=1>

REFERENCE

1. Carl Jung Resources, (2015) Carl Jung Biography, <http://www.carl-jung.net/biography.html>
2. Carl Jung Resources, (2015) <http://www.carl-jung.net/timeline.html>
3. Carl Jung, http://en.wikipedia.org/wiki/Carl_Jung
4. Polly Young-Eisendrath. The Cambridge Companion To Jung. Cambridge University, 2010. pp. 24–30.
5. Anthony Lightfoot. A Parallel of Words. AuthorHouse, 2010. p. 90
6. Jung's Individuation process Retrieved on 2009-2-20
7. Aniela Jaffe, foreword to Memories, Dreams, Reflections, p. x.
8. Dunne, Clare (2002). "Prelude". Carl Jung: Wounded Healer of the Soul: An Illustrated Biography. Continuum International Publishing Group. p. 3. ISBN 978-0-8264-6307-4.
9. Lachman, Gary (2010). Jung the Mystic. New York: Tarcher/Penguin. p. 258. ISBN 978-1-58542-792-5.
10. Hanegraaff 1993, p. 224.
11. Dunne, Claire (2002). Carl Jung: Wounded Healer of the Soul: An Illustrated Biography. Continuum. p. 5.
12. Memories, Dreams, Reflections, p. 8.
13. Corbett, Sara (16 September 2009). "The Holy Grail of the Unconscious". The New York Times. Retrieved 2009-09-20.
14. Stepp, G. "Carl Jung: Forever Jung". Vision Journal. Retrieved 19 December 2011.
15. Memories, Dreams, Reflections. pp. 33–34.

Helping Attitude and Psychological Well-Being in Older Widowed Women

Tina Fernandes¹, Nandini Sanyal², Amtul Fatima³

ABSTRACT:

The aim of the present study was to explore the relationship between *helping attitude* and *psychological well-being*, and to determine if there are significant differences in *helping attitude* and *psychological well-being* between older widowed women living with their families and those living in old age homes. This study focused on the six dimensions of psychological well-being proposed by Ryff (1989b). A purposive sampling method was employed to select older widowed women aged between 65 - 74 years (20 living with families and 20 in old age homes). The Helping Attitude Scale (Nickell, 1998) and the Psychological Well-being Scales (Ryff, 1989) were administered to the participants to measure the two variables. The obtained data were statistically treated using Product Moment Correlation and t-test. The study found that there is a significant correlation between *helping attitude* and *purpose in life* in older widowed women living with their families. It was also found that older widowed women living with their families scored significantly higher than older widowed women living in old age homes in two dimensions of the psychological well-being scales: *environmental mastery* and *self-acceptance*. Such an understanding may be helpful in designing intervention programmes to foster and maintain well-being in older widowed women.

Keywords: *Helping Attitude, Psychological Well-being.*

Nickell (1998) defined helping attitude as the beliefs, feelings and behaviours related to helping people. Altruism, often used as a synonym for helping behaviour, can be defined as actions or behaviours that are intended to benefit another person (Snyder, Lopez & Pedrotti, 2011). Helping attitude or behaviour is an established noble behaviour in many cultures and is an important feature of many religions throughout the world. Seligman and Csikszentmihalyi (2000b) consider altruism to be an important process which fosters the collective well-being of the society.

¹Dept. of Psychology, St. Francis College for Women, Begumpet, Hyderabad

²Dept. of Psychology, St. Francis College for Women, Begumpet, Hyderabad

³Dept. of Psychology, St. Francis College for Women, Begumpet, Hyderabad

Helping Attitude and Psychological Well-Being in Older Widowed Women

Psychological well-being is a concept that includes aspects of wellness such as positive assessments of oneself and one's past life (*Self-Acceptance*), a sense of sustained growth and evolution as an individual (*Personal Growth*), the idea that one's life is purposeful and significant (*Purpose in Life*), maintaining good quality relationships with others (*Positive Relations with Others*), the ability to direct one's life and the surrounding world successfully (*Environmental Mastery*), and a sense of self-determination (*Autonomy*) (Ryff & Keyes, 1995).

Life-span developmental psychologists acknowledge adulthood as a time when changes occur in important psychological processes. For instance, according to socio-emotional selectivity theory (Carstensen, 1992; Carstensen, Isaacowitz & Charles, 1999), when endings are brought to the notice of individuals, they alter their social objectives and give priority to emotionally important goals over other ones. Getting older is the most powerful indicator that time is limited and that the most paramount ending is drawing closer. This theory proposes that individuals tend to become more optimistic with age, as long as they are dynamically managing their socio-emotional world. Therefore, the composition of psychological processes surrounding emotional experience and well-being may alter throughout adulthood. The predictors of emotional experience do not remain fixed either. Nevertheless, as life-span developmental psychologists have begun to grasp the age differences in how individuals experience emotions, much less attention has been given to the revelation of the predictors of these experiences across the life-span of an adult. The attention of the researchers towards optimism as a predictor of well-being is established in cognitive models in which the perpetual frames of processing information affect emotions (Beck, 1967). There are numerous studies that link optimism to affective consequences like depressive symptoms (for example, Peterson & Seligman, 1984; Vickers & Vogeltanz, 2000). Similarly, the impact of helping attitude or altruism on physical and psychological well-being has also become the focus of researchers in recent times.

Generally older adults seem to lead positive and emotionally satisfying lives (Carstensen & Charles, 1998). Though old age has usually been perceived as a period of emotional flattening and detachment (Cumming & Henry, 1961; Schulz, 1985), recent research has disproved this notion. Older adults not only experience a variety of emotions, but are more proficient at avoiding negative emotional states than their younger counterparts (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; Charles, Reynolds, & Gatz, 2001; Levenson, Carstensen, Friesen, & Ekman, 1991). Older adults do not display decline in life satisfaction when compared with young adults (Diener, Suh, Lucas, & Smith, 1999). Though the above cited studies give a surprisingly positive depiction of subjective well-being in old age, there are individual differences. Just like individuals from any other age group, some older adults have better well-being, while others are doing worse (Diener et al., 1999).

According to Adlerian psychology, altruism and social interest are attractive personality traits and are the very foundations of mental health (Rareshide & Kern, 1991). Recent research shows that there exists a strong relationship between compassion, helping behavior, or both, on one hand and well-being, health, and longevity, on the other (for example, Post, 2005; Morrow-Howell, Hinterlong, Rozario & Tang, 2003). The relationship between altruism and well-being is well portrayed in Charles Dickens' story of Ebenezer Scrooge, a miser, who changes and

Helping Attitude and Psychological Well-Being in Older Widowed Women

becomes a philanthropic person. With every act of kindness, Scrooge experiences happiness. Towards the end of the story, he is considered to be the most magnanimous individual in all of England and seems to have become more vivacious and healthier. He seemed to be happier with life the more unselfish or giving he became, following the pattern of the “helper’s high” (Luks, 1988). Research conducted on the benefits of altruism proposes that helping attitudes are linked with better life adjustment (Crandall & Lehman, 1977), perceived meaningfulness of life (Crandall, 1984; Mozdzierz, Greenblatt & Murphy, 1986), marital adjustment (Markowski & Greenwood, 1984), less hopelessness (Miller, Denton & Tobacyk, 1986) and depression (Crandall, 1975). Also, altruism has been perceived to be a predictor of physical health status (Zarski, Bubenzer & West, 1986) and a moderator of life stress (Crandall, 1978).

There are no theory-based formulations of well-being despite its importance in the study of psychology. For more than 20 years, the study of psychological well-being has been directed by two key perceptions of positive functioning. One formulation can be traced to Bradburn's (1969) classic work which differentiated between positive and negative emotions and interpreted happiness as the balance between the two. Bradburn's work on the composition of psychological well-being put forward the initial difference between positive and negative emotions. The second key perception, which has attained importance among sociologists, highlights life satisfaction as the principal indicator of well-being. When regarded as a cognitive component, it was observed that life satisfaction promoted happiness, which is an emotional dimension of positive functioning (e.g., Andrews & McKennell, 1980; Andrews & Withey, 1976; Bryant & Veroff, 1982; Campbell, Converse & Rodgers, 1976). Other researchers have studied well-being in terms of life satisfaction and queries related to work, income, social relationships, and neighborhood (Andrews, 1991; Diener, 1984). The combinations of the various structures of positive functioning have served as the theoretical infrastructure of Ryff's multi-dimensional model of well-being (Ryff, 1989b, 1995). This model of well-being included six different aspects of positive psychological functioning: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance (Ryff, 1989b).

To the best of the researcher's knowledge, though studies have been conducted on the relationship between helping attitude or altruism and psychological well-being of older adults in the West, such a study has not yet been conducted in India, thus providing scope for studying the thought process of the Indian older adult. The purpose of the current study is to see if there is a relationship between *helping attitude* and the six dimensions of *psychological well-being* (viz., *autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance*) in older widowed women who either live in old age homes or with their families. Broadly, the present study purports to answer the following questions: Is there any relationship between *helping attitude* and *psychological well-being* of older widowed women? Do the levels of *helping attitude* and *psychological well-being* vary depending on whether the older widowed women live with their families or in old age homes?

Helping Attitude and Psychological Well-Being in Older Widowed Women

OBJECTIVES

- A. To determine if there is a relationship between *helping attitude* and the six dimensions of *psychological well-being* (viz., *autonomy*, *environmental mastery*, *personal growth*, *positive relations with others*, *purpose in life* and *self-acceptance*).
- B. To determine if there is a difference between the older widowed women who live with their families and those who live in old age homes with respect to *helping attitude*.
- C. To determine if there is a difference between the older widowed women who live with their families and those who live in old age homes with respect to the six dimensions of *psychological well-being* (viz., *autonomy*, *environmental mastery*, *personal growth*, *positive relations with others*, *purpose in life* and *self-acceptance*).

HYPOTHESES

- H1a.** There is a significant correlation between *helping attitude* and the dimension of *autonomy* in older widowed women living with their families.
- H1b.** There is a significant correlation between *helping attitude* and the dimension of *autonomy* in older widowed women living in old age homes.
- H2a.** There is a significant correlation between *helping attitude* and the dimension of *environmental mastery* in older widowed women living with their families.
- H2b.** There is a significant correlation between *helping attitude* and the dimension of *environmental mastery* in older widowed women living in old age homes.
- H3a.** There is a significant correlation between *helping attitude* and the dimension of *personal growth* in older widowed women living with their families.
- H3b.** There is a significant correlation between *helping attitude* and the dimension of *personal growth* in older widowed women living in old age homes.
- H4a.** There is a significant correlation between *helping attitude* and the dimension of *positive relations with others* in older widowed women living with their families.
- H4b.** There is a significant correlation between *helping attitude* and the dimension of *positive relations with others* in older widowed women living in old age homes.
- H5a.** There is a significant correlation between *helping attitude* and the dimension of *purpose in life* in older widowed women living with their families.
- H5b.** There is a significant correlation between *helping attitude* and the dimension of *purpose in life* in older widowed women living in old age homes.
- H6a.** There is a significant correlation between *helping attitude* and the dimension of *self-acceptance* in older widowed women living with their families.
- H6b.** There is a significant correlation between *helping attitude* and the dimension of *self-acceptance* in older widowed women living in old age homes.
- H7.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to *helping attitude*.
- H8.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to the dimension of *autonomy*.
- H9.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to the dimension of *environmental mastery*.

Helping Attitude and Psychological Well-Being in Older Widowed Women

- H10.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to the dimension of *personal growth*.
- H11.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to the dimension of *positive relations with others*.
- H12.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to the dimension of *purpose in life*.
- H13.** There is a significant difference between older widowed women living with their families and those living in old age homes with respect to the dimension of *self-acceptance*.

METHOD

Research Design

The current study is of the quantitative type and uses a correlational design to determine if there is a relationship between *helping attitude* and the six dimensions of *psychological well-being* (viz., *autonomy*, *environmental mastery*, *personal growth*, *positive relations with others*, *purpose in life* and *self-acceptance*). The study also adopted a between-group design to assess the differences in *helping attitude* and the six dimensions of *psychological well-being* between older widowed women who lived with their families and those who lived in old age homes.

Participants

Purposive sampling method was used to collect the sample comprising of 20 older women (widowed, between 65-74 years) who lived with their families and 20 older women (widowed, between 65-74 years) who lived in old age homes [n=40]. Older adults who were female, widowed and within the age range of 65-74 years were included in the study. Older women who were widowed but below the age of 65 years and above the age of 74 years and those older women whose spouses were alive were not included in the study. Older adults, who were male, were excluded from the study.

Instruments

The study uses two instruments: Helping Attitude Scale and Psychological Well-Being Scales.

Helping Attitude Scale (HAS): This scale was developed by Gary S. Nickell (1998). It is a 5-point Likert-type scale measuring positive and negative attitudes towards helping others. It has 20 items and the response to each item ranges from strongly disagree (1) to strongly agree (5). The scale also uses reverse scoring for 6 items. The scores for the reversely scored items are reversed and all twenty scores are added to obtain the total HAS score. The total score on the scale can range from 20 to 100 with a score of 60 being neutral score. The test-retest reliability of the scale is $r = .847$. The internal consistency for the scale is .869.

Psychological Well-Being Scales: The Psychological Well-Being Scales were developed by Carol Ryff (1989). Initially the scale had 6 dimensions and each dimension had 20 items. The scales have been adapted to 14-items, 9-items and 3-items versions. The present study uses the 9-

Helping Attitude and Psychological Well-Being in Older Widowed Women

item version of the Psychological Well-Being Scales. The scales are a 6-point Likert-type scale with the responses ranging from strongly disagree (1) to strongly agree (6). The scales measure six dimensions: *self-acceptance*, *positive relations with others*, *autonomy*, *environmental mastery*, *purpose in life* and *personal growth*. The total score on each dimension can range from 9 to 54 with a score of 27 being neutral score. The internal consistency coefficients for the scales are: self-acceptance - .91, positive relations with others - .88, autonomy - .83, environmental mastery - .86, purpose in life - .88, and personal growth - .85. The test-retest reliability coefficients for the scales are: self-acceptance - .85; positive relations with others - .83; autonomy - .88; environmental mastery - .81; purpose in life - .82; and personal growth - .81.

Procedure

The study was initiated by administering the questionnaires to older adults who possessed the required criteria (widowed females, between 65 - 74 years) and who lived with their families. Informed consent was taken from the participants. The participants were instructed verbally and were also given written instructions. Most of the participants preferred to have the statements read out to them and then they would rate each statement given in the questionnaires. The participants were encouraged to seek clarification on any aspect related to the study. Likewise, for the older widowed women living in old age homes, permission was taken from the person-in-charge of an old age home to administer the questionnaires. On an average the time taken to administer the scales was 45 minutes.

Statistics Used

The statistics used in the present study to analyse the collected data were mean, standard deviation, correlation and t-tests.

Helping Attitude and Psychological Well-Being in Older Widowed Women

RESULTS

Table 1

Correlation between Helping Attitude and the six dimensions of the Psychological Well-Being Scales in older widowed women living with their families (n=20) and older widowed women living in old age homes (n=20).

Dimensions of the Psychological Well-Being Scales	Helping Attitude Scale	
	Older widowed women living with their families	Older widowed women living in old age homes
Autonomy (<i>r</i> 1)	0.3896	0.2216
Environmental Mastery (<i>r</i> 2)	0.0682	0.2006
Personal Growth (<i>r</i> 3)	0.2442	-0.2137
Positive Relations with Others (<i>r</i> 4)	0.3447	0.0446
Purpose in Life (<i>r</i> 5)	0.5276*	-0.3575
Self-Acceptance (<i>r</i> 6)	0.2437	-0.0454

* $p < 0.05$

Table 1 shows that there is a significant correlation between *helping attitude* and the dimension of *purpose in life* in older widowed women living with their families [$r(18) = 0.5276$, $p < .05$]. However, there is no significant correlation between *helping attitude* and the dimension of *purpose in life* in older widowed women living in old age homes. Moreover, there is no significant correlation between *helping attitude* and the dimensions of *autonomy*, *environmental mastery*, *personal growth*, *positive relations with others* and *self-acceptance* in both the groups: older widowed women living with their families and older widowed women living in old age homes. Thus, **hypothesis H5a is accepted**. However, hypotheses **H1a – H4b and H5b – H6b are rejected**.

Helping Attitude and Psychological Well-Being in Older Widowed Women

Table 2

Mean, Standard Deviation and *t*-ratio of the Helping Attitude Scale and the six dimensions of the Psychological Well-Being Scales for the older widowed women living with their families (*n*=20) and the older widowed women living in old age homes (*n*=20).

	Older widowed women living with their families		Older widowed women living in old age homes		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Helping attitude	76.05	9.9572	74.9	8.4669	0.3835
Autonomy	35.4	5.9531	35.5	7.5398	0.0454
Environmental Mastery	35.1	4.6314	31.5	4.9142	2.2916*
Personal Growth	29.05	6.8445	29.7	5.3207	0.3268
Positive Relations with Others	37.55	8.4408	33.3	4.9709	1.8912
Purpose in Life	31.9	5.6736	34.6	7.1651	1.2877
Self-Acceptance	37.15	5.4979	31.9	3.5341	3.5013**

**p*<0.05

***p*<0.01

Table 2 shows that there is significant difference in the means of the dimensions of *environmental mastery* (*p*<0.05) and *self-acceptance* (*p*<0.01) between older widowed women living with their families and older widowed women living in old age homes. This means that (as is evident from the mean scores in Table 2) the older widowed women living with their families scored higher on the dimension of *environmental mastery* (*M* = 35.1) and on the dimension of *self-acceptance* (*M* = 37.15) than the older widowed women living in old age homes (*M* = 31.5 and *M* = 31.9 respectively). However, there are no significant differences in the means of *helping attitude*, *autonomy*, *personal growth*, *positive relations with others* and *purpose in life* between the two groups. Thus, **hypotheses H9 and H13 are accepted** and hypotheses **H7, H8, H10, H11 and H12 are rejected**.

DISCUSSION

Analysis of the obtained results indicated significant positive correlation between *helping attitude* and the dimension of *purpose in life* in older widowed women living with their families. However, the correlation between *helping attitude* and the other dimensions of *psychological well-being* (viz., *autonomy*, *environmental mastery*, *personal growth*, *positive relations with others* and *self-acceptance*) were not found to be significant in older widowed women living with their families. Moreover, in case of older widowed women living in old age homes, the correlations between *helping attitude* and the six dimensions of *psychological well-being* were not found to be significant. The significant positive correlation between *helping attitude* and the dimension of *purpose in life* in older widowed women living with their families may be an indication of their underlying sense of belongingness and the motivation to do something for their family members. According to Reker (2000), purpose in life may emerge from enduring values or ideals, humanistic concerns, helping behaviour, relationship with nature, traditions and culture, personal relationships, creative activities, leisure activities, financial security, and meeting basic needs in individuals. Helping behaviours, such as volunteer work, act like a role-identity which gives a sense of meaning and purpose in life, which in turn may enhance the well-being of an individual (Thoits, 1992).

The present study also revealed significant differences between older widowed women living with their families and those living in old age homes with respect to the dimensions of *environmental mastery* and *self-acceptance*. In other words, the older widowed women living with their families scored higher on the dimensions of *environmental mastery* and *self-acceptance* than the older widowed women living in old age homes. However, no significant differences were observed between the two groups with respect to the dimensions of *helping attitude*, *autonomy*, *personal growth*, *positive relations with others* and *purpose in life*. The higher scores of older widowed women living with their families on the dimension of *environmental mastery* may be accounted for by the fact that these women have been living in a known environment where they are reasonably well adjusted. They live in a place which has been their 'home' for many years. Hence, these women are able to select or generate, with relative ease, environments suited to their needs (Ryff & Keyes, 1995; Knight, Davison, McGabe & Mellor, 2011). Likewise, the older widowed women living with their families scored higher on the dimension of *self-acceptance*. As these women live with their loved ones, they enjoy a feeling of belongingness. Also, more often than not, grandchildren are a source of love and happiness that in turn fosters the older widowed woman's sense of worthiness and acceptance of self (Ryff & Essex, 1991). Moreover, living with their children and grandchildren, and being able to be a part of their happiness, probably enhances their acceptance of their past life. Thus, older widowed women who live with their families tend to have overall positive attitudes toward themselves (Ryff & Essex, 1991).

Broadly speaking, this study tends to indicate that irrespective of whether they live with their families or in old age homes, the older widowed women have secured reasonably high scores on *helping attitude* and the six dimensions of *psychological well-being*. Schwartz et al. (2003) have found that older females are more likely to help people when compared to other

Helping Attitude and Psychological Well-Being in Older Widowed Women

individuals. Sheldon and Kasser (2001) have determined that as people grow older, they tend to have more mature goals which in turn lead to greater well-being. This is in accordance with the findings of Ryff and her colleagues that purpose, autonomy, growth, and meaning play an important role in the older adults' not only adapting but also being able to thrive in later life and also in their well-being (Keyes, 1998; Ryff, 1995; Ryff & Singer 1998). Though old age is usually viewed as a period of decline and degeneration (Herzog et al., 1982; Pfeiffer, 1977), the present study has shown that older adults tend to exhibit prosocial behaviour (helping) and also enjoy a high level of psychological well-being, regardless of where they live. While there are differences in helping attitude and psychological well-being of older widowed women living with their families and those living in old age homes, the differences are not enough to determine which is better for the well-being of older widowed women, living with family or living in old age homes, as other factors such as socio-economic status, locus of control, quality of life, etc. may also affect the well-being of individuals.

RECOMMENDATIONS:

- A. Future studies can be conducted with a larger sample and involve other factors which affect well-being such as locus of control, attributional style, hope, quality of life, and the like.
- B. Since the present study includes only widowed women, a study can also be conducted on the helping attitude and psychological well-being of older females whose spouses are alive and also on the helping attitude and psychological well-being of older men.
- C. Further studies can be conducted to determine if helping attitude and psychological well-being varies between older men and older women.

REFERENCES

- Andrews, F. M. & Withey, S. B. (1976). *Social indicators of well-being: America's perception of life quality*. New York : Plenum.
- Andrews, F. M. & McKennell, A. C. (1980). Measures of self-reported well-being: Their affective, cognitive, and other components. *Social Indicators Research*, 8(2), 127-156.
- Andrews, F. M. (1991). Stability and change in levels and structure of subjective well-being. *Social Indicators Research*, 25, 1-30.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper & Row.
- Bradburn, N.M. (1969). *The Structure of Psychological Well-Being*. Chicago: Aldine.
- Bryant, F. B., & Veroff, J. (1982). The structure of psychological well-being: A sociohistorical analysis. *Journal of Personality and Social Psychology*, 43, 653-67.

Helping Attitude and Psychological Well-Being in Older Widowed Women

- Campbell, A., Converse, P. E. & Rodgers, W. L. (1976). *The quality of American life: Perceptions, evaluations, and satisfactions*. New York : Russell Sage Foundation.
- Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, 7, 331–338.
- Carstensen, L. L., & Charles, S. T. (1998). Emotions in the second half of life. *Current Directions in Psychological Science*, 7, 144–149.
- Carstensen, L. L. Isaacowitz, D. M. & Charles, S. T. (1999). Taking time seriously. A theory of socioemotional selectivity. *American Psychologist*, 54, 165–181.
- Carstensen, L. L., Pasupathi, M., Mayr, U. & Nesselroade, J. (2000). Emotion experience in everyday life across the adult life span. *Journal of Personality and Social Psychology*, 79, 644–655.
- Charles, S. T., Reynolds, C. A. & Gatz, M. (2001). Age-related differences and change in positive and negative affect over 23 years. *Journal of Personality and Social Psychology*, 80, 136–151.
- Crandall, J. E. (1975). A scale for social interest. *Journal of Individualistic Psychology*, 31, 187–195.
- Crandall, J. E. & Lehman, R. E. (1977). Relationship of stressful life events to social interest, locus of control, and psychological adjustment. *Journal of Consulting and Clinical Psychology*, 45(6), 1208.
- Crandall, J.E. (1978). The effect of stress on social interest and vice-versa. *Journal of Individual Psychology*, 34(1), 40-47.
- Crandall, J. E. (1984). Social interest as a moderator of life stress. *Journal of Personality and Social Psychology*, 47, 164–174.
- Cumming, E. & Henry, W. E. (1961). *Growing old: The process of disengagement*. New York: Basic Books.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542-575.
- Diener, E., Suh, E. M., Lucas, R. E. & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 276–302.
- Herzog, A. R., Rodgers, W. & Woodworth, J. (1982). *Subjective well-being among different age groups*. Ann Arbor: University of Michigan, Institute for Social Research.
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61, 121–140.

Helping Attitude and Psychological Well-Being in Older Widowed Women

- Knight, T., Davison, T. E., McCabe, M. P. & Mellor, D. (2011). Environmental mastery and depression in older adults in residential care. *Ageing & society*, 31(5), 870-884.
- Levenson, R. W., Carstensen, L. L., Friesen, W. V. & Ekman, P. (1991). Emotion, physiology and expression in old age. *Psychology and Aging*, 6, 28-35.
- Luks, A. (1988). Helper's high: Volunteering makes people feel good, physically and emotionally. And like "runner's calm," it's probably good for your health. *Psychology Today*, 22(10), 34-42.
- Markowski, E.M. & Greenwood, P.D. (1984). Marital adjustments as a correlate of social interest. *Journal of Individual Psychology*, 40(3), 300.
- Miller, M.J., Denton, G.O. & Tobacyk, J. (1986). Social interest and feelings of hopelessness among elderly patients. *Psychological Reports*, 58, 410.
- Morrow-Howell, N., Hinterlong, J., Rozario, P. A. & Tang, F. (2003). Effects of volunteering on the well-being of older adults. *Journals of Gerontology Series B-Psychological Sciences Social Sciences*, 58(3), 137-145.
- Mozdzierz, G.J., Greenblatt, R.L. & Murphy, T.J. (1986). Social interest: the validity of two scales. *Journal of Individual Psychology*, 42, 36-43.
- Nickell, G. S (1998). The Helping Attitude Scale. Paper presented at 106th Annual Convention of the American Psychological Association at San Francisco.
- Peterson, C., & Seligman, M. E. (1984). Causal explanations as a risk factor for depression: Theory and evidence. *Psychological Review*, 91, 347-374.
- Pfeiffer, E. (1977). Psychopathology and social pathology. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (pp. 650-671). New York: Academic Press.
- Post, S. G. (2005). Altruism, Happiness, and Health : It's Good to Be Good. *International Journal of Behavioral Medicine*, 12, 66-77.
- Rareshide, M. & Kern R. (1991). Social interest: the haves and the have nots. *Journal of Individual Psychology*, 47, 464-76.
- Reker, G. T. (2000). Theoretical perspective, dimensions, and measurement of existential meaning. In G. T. Reker & K. Chamberlain (Eds.), *Exploring existential meaning. Optimizing human development across the life-span* (pp.39-55). Thousand Oaks, CA: Sage.
- Ryff, C. D. (1989b). Happiness is everything, or is it - explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.

Helping Attitude and Psychological Well-Being in Older Widowed Women

- Ryff, C. D. & Essex, M. J. (1991). Psychological Well-Being in Adulthood and Old Age: Descriptive Markers. *Annual Review of Gerontology and Geriatrics, Volume 11, 1991: Behavioral Science & Aging*, 11, 144-171.
- Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science*, 4, 99-104.
- Ryff, C. D. & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719-727.
- Ryff, C. D. & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65, 14-23.
- Ryff, C. D., & Singer, B. (1998). The role of purpose in life and personal growth in positive human health. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 213-235). Mahwah, NJ: Erlbaum.
- Schulz, R. (1985). Emotion and affect. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (2nd ed., pp. 531-543). New York: Van Nostrand Reinhold.
- Schwartz, C., Meisenhelder, J. B., Ma, Y. & Reed, G. (2003). Altruistic social interest behaviors are associated with better mental health. *Psychosomatic Medicine*, 65(5), 778-785.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000b). Positive psychology: An introduction. *American Psychologist*, 55, 5-14.
- Sheldon, K. M., & Kasser, T. (2001). Getting older, getting better? Personal strivings and psychological maturity across the life-span. *Developmental psychology*, 37(4), 491-501.
- Snyder, C. R., Lopez, S. J. & Pedrotti, J. T. (2011). *Positive Psychology: The Scientific and Practical Explorations of Human Strengths* (2nd ed.). Thousand Oaks, CA: Sage.
- Thoits, P. A. (1992). Gender and Marital Status Comparisons. *Social Psychology Quarterly*, 55(3), 236-256.
- Vickers, K. S., & Vogeltanz, N. D. (2000). Dispositional optimism as a predictor of depressive symptoms over time. *Personality and Individual Differences*, 28, 259-272.
- Zarski, J. J., Bubenzer, D. L., & West, J. D. (1986). Social interest, stress and the prediction of health status. *Journal of Counseling and Development*, 64, 386-389.

Curiosity among School going Students

Dr. Shashi Kala Singh¹

ABSTRACT:

Aim of the present research was to find out the curiosity among school going students as related to gender, socio-economic status and place of residence. Participants were 200 children (100 boys and 100 girls) from different schools of Ranchi town. The scale used was Children's Curiosity Scale developed by Kumar (1992). Data were analysis by F test. Result showed that there was no significant difference between boys and girls students on curiosity. There was significant difference between curiosities of high and low socio-economic status students. There was no significant difference between urban and rural students.

Keywords: *Curiosity, gender, socio-economic status and place of residence*

Curiosity is a concept which tells the desire to learn. Human beings think, judge, interrogate, argue and wants to learn. Many reasons can create curiosity in a person. Curiosity is an important human trait which has been credited with a great deal of the world's progress. Curiosity is a term that describes a number of behavioural and psychological mechanisms, which have the effect of impelling living beings to seek information and interaction with their environment and with other beings in their vicinity. When studies on this area are analysed researchers emphasize concepts which cause inquisitiveness like new, interesting, abnormal or mystic items, giving the positive input such as inquiry and direction, expressing willingness and desire to learn much more about environment. Curiosity is common to human being of all ages from infant to old age and is easy to observe in many other animal species. It has been found to be a significant factor in the learning process, the sign of a vigorous intellect and also important in problem solving and creative thinking. Curiosity drives the child to investigate and explore items of interest, to touch and handle, to walk away only to revisit it again. Curiosity is a state of increased arousal response, promoted by a stimulus high in uncertainty and lacking of information, external stimuli such as novelty, uncertainty, conflict and complexity create an internal state of arousal. Curiosity is defined as the intrinsic desire to know, to see, or to experience something, which motivates information seeking behavior (Zelick, 2007). Acquiring knowledge out of curiosity is considered to be intrinsically rewarding and highly pleasurable, since it eliminates states of ignorance and uncertainty (Litman, 2005). There are two main theoretical accounts of curiosity.

¹Associate Professor, University Department of Psychology, Ranchi University, Ranchi

Curiosity among School going Students

These two accounts of curiosity may seem different and incompatible. In the context of this circumstance, another theoretical approach, the I/D model (“interest/deprivation” model), will be presented later on. This model that can reconcile these two seemingly incompatible views was suggested by Zelick (2007).

The first one is curiosity drive theory, which expresses the concept of curiosity as a drive state that arouses intrinsic motivation to seek information with the intention of reducing unpleasant feelings concerning uncertainty, in another word; it is curiosity reduction (Litman, 2005). The second one is optimal arousal theory, which states individuals who have intrinsic motivation to search for new information aim at maintaining and enhancing pleasurable feelings of interest. Organisms that are under-aroused are motivated to seek for new stimulation that can excite their curiosity.

TYPES OF CURIOSITY

- Diversive curiosity: - A general condition as that may be considered the need to seek new experiences or extend one’s knowledge in to the unknown.
- Epistemic curiosity: - The desire to gain knowledge.
- Specific Curiosity: - The aroused state of an organism when confronted by an ambiguous stimulus that may result in specific exploration (Day 1968).
- State curiosity: - Individual differences in response to a particular curiosity – arousing situation.
- Trait curiosity: - Individual differences in the ability to experience curiosity.

REVIEW OF LITERATURE

Most of the investigators dealing with the relationship between gender and curiosity have observed similar sex differences with regard to curiosity. Kauser (1982) and Nandi (1988) found the boys generally having higher curiosity than girls. Gatto (1929) found that children differing in gender also differed in the areas in which they expressed their greatest curiosity. Coie (1974) made an attempt to evaluate the cross – situational stability of children’s curiosity and examined their exploratory Behaviour across conditions of varying content and adult sanction to explore. Results indicate sex differences with regard to curiosity with boys being less timid about exploring without clear adult permission to do so. Smith (1957) pointed out that girls tended to be less curious than boys because of greater restrictions on their explorations. Kauser (1982) found significant difference in curiosity between the high and low socio-economic status students. Davis (1932) found the similar sex difference as other investigators and further reported that boys asked for more causal explanations while girls were more curious about social relationship.

HYPOTHESES

- There will be no significance of difference among boys and girls in terms of curiosity
- There will be no significance of difference among high and low socio economic group in terms of curiosity
- There will be no significance of difference among urban and rural students in terms of curiosity

Curiosity among School going Students

METHOD

Sample

Sample of the present study consisted of 200 students. 100 students were boys and 100 were girls. Each category was again divided into high and low socio-economic status (100 students from high socio-economic status & 100 from low socio-economic status, 100 urban & 100 rural). The samples were collected from students of class VI.

Instrument

Children's Curiosity Scale: - The scale was developed by Kumar (1992). It is a four point scale to study some attitude and habits of the children. The scale consists of 44 items. Brown formula for correction, a reliability coefficient of 0.87 was obtained.

Variables under the study

The present study was designed to find out the effect of independent variable and dependent variables. Following variables were studied:-

Independent variable:-

- Gender- Boys (A1) and Girls (A2)
- Socio-economic status- High (B1) and Low (B2)
- Place of Residence- Urban (C1) and Rural (C2)

Dependent variable:-

- Curiosity scale

RESULT AND DISCUSSION

Table – 1 – The F value obtained for the variable of Curiosity.

Sources of Variations	Sum of Squares	Mean Square	Degree of Freedom	F ratio
Main effects				
A. Gender	377.6267	7896.8762	1	0.45(NS)
B. Socio-economic status	7086.4067	20.6716	1	8.60**
C. Place of Residence	457.8267	197.7416	1	0.55(NS)
2 way interaction				
A X B	708.4033	3892.97	1	0.86(NS)
A X C	5.3333	4017.51	1	0.006(NS)
B X C	590.8033	220.93	1	0.72(NS)
3 way interaction				
A X B X C	869.6933	945.13	1	1.05(NS)
Withintreatment	118223.5267	403.04	142	

**Significant at 0.01

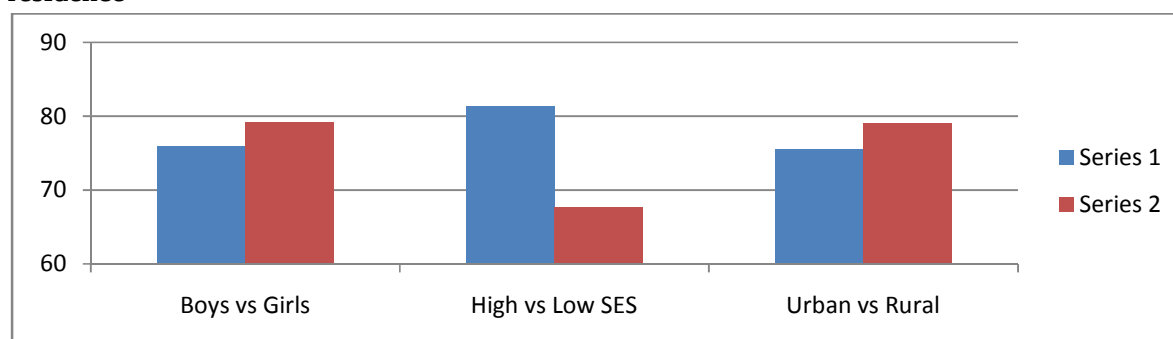
NS:-Not Significant

Curiosity among School going Students

Table 2 – Difference between mean score of curiosity with reference to gender, socio-economic status and place of residence.

Independent Variable	N	Mean	Difference between Mean
Boys(A1)	100	75.87	3.27 (A1X A2)
Girls (A2)	100	79.14	
High (B1)	100	81.36	13.75 (B1X B2)
Low (B2)	100	67.61	
Urban(C1)	100	75.54	3.5 (C1 X C2)
Rural (C2)	100	79.04	

Figure 1 – Mean of curiosity with reference to gender, socio economic status and place of residence



Curiosity with reference to gender:-

When F test was applied to check the impact of curiosity on gender, insignificant F value was found. The F value (Table-1) was 0.45 which are statistically not significant. Table -2 revealed that the mean score of curiosity of boys and girls students are 75.87 and 79.14 respectively and the difference between two groups was 3.27. Hence, the null hypothesis there will be no significance of difference among boys and girls in terms of curiosity was proved.

Curiosity with reference to socio-economic status:-

When F test was applied to check the impact of curiosity on socio-economic status, significant F value was found. The F value (Table-1) was 8.60 which were statistically significant at 0.01 level. Table -2 revealed that the mean score of curiosity of high and low socio-economic status student are 81.36 and 67.61 respectively and the difference between two groups was 13.75, which was very high. Hence, the null hypothesis there will be no significance of difference among high and low socio economic group in terms of curiosity was rejected. It was concluded that there was a significant impact of curiosity on high and low socio-economic status.

Curiosity with reference to place of residence:-

When F test was applied to check the impact of curiosity on place of residence, insignificant F value was found. The F value (Table-1) was 0.55 which are statistically not significant. Table -2 revealed that the mean score of curiosity of urban and rural students are 75.54 and 79.04 respectively and the difference between two groups was 3.5. Hence, the null hypothesis there will be no significance of difference among urban and rural students in terms of curiosity was accepted.

Curiosity among School going Students

Curiosity with reference to interaction effects gender, socio-economic status and place of residence:-

All interaction effects were found statistically insignificant.

CONCLUSION

- There was no significant difference between boys and girls students on curiosity.
- There was significant difference between curiosity of high and low socio-economic status students.
- There was no significant difference between urban and rural students.

REFERENCES

- Coie, J. D. (1974). An evaluation of the cross-situational stability of children's curiosity. *Journal of Personality*, 42, 93-112.
- Davis, E.A. (1932).The form and function of children's questions. *Child Development*, 3, 57 – 74.
- Gatto, F.M. (1929).Pupils questions: Their nature and their relationship to the study process. *University of Pittsburgh Bulletin*,26, 65 – 71.
- Kauser, F. (1982). Children's curiosity and its relationship to intelligence, curiosity and personality, Ph.D.Psychology, University of Madras. In M.B Buch (Ed.), Third survey of Research in Education (1978-83). New Delhi: *National council of Educational Research and Training*, 1986.
- Litman, J. A. (2005). Curiosity and the pleasures of learning: Wanting and liking new information. *Cognition and Emotion*, 19 (6), 793-814.
- Nandi, J. (1988). A study of curiosity of high school children in relation to sex and socio economic status. *Proceedings of the 75th session of the Indian Science Congress Association*. Calcutta.
- Smith, W. W. (1957). Remarriage and the step child. *Development Psychology*. New Delhi: Tata Mc Graw – Hill Publishing Co.214 – 215.
- Zelick, P. R. (2007). *Issues in the psychology of motivation*. New York: Nova Science Publishers.

Adversity Quotient for Prospective Higher Education

Hema G.¹, Dr. Sanjay M. Gupta²

ABSTRACT:

The present research was conducted to understand the Adversity Quotient (AQ) of students who are going to enter into higher education. Higher secondary is the stage from where they move from school to higher education. So, the present research was conducted to study the AQ of 11th standard, English medium school students in Gandhinagar city, Gujarat with reference to various variables. The study was conducted on a sample of 461 boys and girls of 11th standard school students from Gujarat State Board of Education (GSEB) and Central Board of Secondary Education (CBSE) schools. A self-constructed AQ scale was used to collect data from the students. The collected data was analyzed using statistical techniques like mean, SD and C.R values. Result revealed that there was no significant difference in the mean scores of AQ on the basis of gender, stream of education i.e. Commerce, Science and Arts, and various family variables like nature of the family, size of the family, qualification of parents, parents' working status and parents' occupation. However, a significant difference was found in the mean scores of AQ of students on the basis of board of School i.e. GSEB and CBSE. The present study concludes that AQ is not influenced by gender, stream of education and family factors, rather it was seen to be influenced by the type of schools. Investigator inquired and understood the AQ profile of higher secondary school students as it is the gate way to higher Education. By understanding the AQ levels of students, the faculty and staffs can be better equipped to support students as they navigate the stressors of college life.

Keywords: *Adversity Quotient (AQ), Gujarat State Board of Education (GSEB), Central Board of Secondary Education (CBSE)*

In the past few decades, much attention was given to Intelligence quotient and Emotional quotient, which were believed to be determinants of success and excellent performance in higher education and professional studies. Previous studies in Adversity Quotient (AQ) revealed that some individuals possess a high IQ and all the components of EQ, yet they fail to be successful. Hence, we can understand that, neither IQ nor EQ found to determine one's success, although both play a role. Therefore, it is unanswered yet that how some people endure while some may be equally brilliant and well-adjusted may fail and quit. Thus, here comes a new concept, which is AQ, which is the lifelong ascendant to every individual.

¹Department of Education, Kadi Sarva Vishwavidyalaya, Sector 23, Gandhinagar, Gujarat

²Department of Education, Kadi Sarva Vishwavidyalaya, Sector 23, Gandhinagar, Gujarat

Adversity Quotient for Prospective Higher Education

Stoltz (2000) has introduced the new and interesting concept AQ, which tells how well one withstands adversity and his ability overcome it. Currently, AQ seems to be the missing factor for success in one's life. Today AQ becomes more and more important as the daily dose of adversity rises. Therefore we can understand that, EQ shows way for happy and contented life, whereas, AQ shows how to lead life even in unfavorable adverse situations.

Nowadays, life is a mixture of all sorts of situations. On one hand, there is widening of knowledge, technology and educational revolution and progress, and on the other hand we see unfavorable conditions like poverty, scarcity of resources and increase in social and political problems etc. All these adverse situations created life miserable not only for adults, but also for students. In the last decade in all over the world, it has been witnessed the problems of drug abuse, teenage pregnancy, suicides, rapes, depression, assaults, dropping out of school etc.,(Stolt1997). These situations are the challenges that the students face today. These challenges are referred as adversities.

Adversity involves exposure to unfavourable or calamitous circumstances like cyclone, earthquake or could be hardship faced by the individual at home or workplace. In case of students, adversities include various hardships in society; peer pressure, unfavourable organizational climate, poor social relationship at home, gender discrimination, disordered family environment, loneliness etc., (Nikam and Uplane, 2013). All age groups of students face different sorts of adverse situations. The level of adversity influences the personal and professional life of learners thus manifesting varied consequences on their life. After school education, higher education is another milestone for every individual to succeed. Students are confronted with varied situations during their higher education which are very different from their high school life. Youths, the College or University students are the hope of society's tomorrow, and its future. Hence, it is an alarming situation to address the problems of the students and important to note that students are under various stresses and they are facing through lot of adverse situations at school, home and with peer group.

The study aimed at higher secondary school students as higher secondary education is the foundation of any higher education they are going to choose in future. Higher education aims for the all round development of undergraduates, where it needs the quality oriented education. Evidently, the focus of the effort of colleges was to strengthen college students' comprehensive literacy. The psychological quality is an important part of comprehensive quality, that is, whether the college students have good psychological quality, especially the coping ability against adversity or resilience (bouncing back to normal) in hardship. This inability of coping to any hardship will affect their life and their future development, and also affect whether they can become the qualified builders and trustworthy successors for the cause of society. Higher education with a task of preparing leaders for an uncertain and changing future, need to provide their students the most fundamental trait resilience, to face the inevitable challenges and adversities found across all professions.

According to Paul Stoltz (2000), AQ is the science of human resilience, i.e capacity of people to cope with stress and adversity. AQ can also be referred as the ability of the person to adapt well to stress, adversity, trauma or tragedy. People who apply AQ perform optimally while

Adversity Quotient for Prospective Higher Education

facing adversity. Actually, they not only learn from these challenges but also respond to them healthier and more rapidly. An individual style of responding to adverse situations was measured by AQ.

Adversity Quotient

AQ is an emerging conceptual framework for understanding and enhancing all facets of success; a measure of how one responds to adversity that can be understood, altered, calculated and interpreted. It is therefore, a scientifically-grounded set of tools for improving response to adversity resulting in an overall effectiveness in personal and professional life. AQ has its origin from three major science fields which are psychoneuroimmunology, neurophysiology, and cognitive psychology. Based on the level of AQ the individuals can be classified as Quitters, Campers and Climbers. AQ was discovered by Stoltz (1997), to be an indicator in achieving success rather than Intelligence quotient and Emotional quotient.

AQ includes following 4 components i.e. Control, Ownership, Reach and Endurance.

1. **Control:** The degree of control the person perceives that he or she has over adverse events
2. **Ownership:** The extent to which the person owns or takes responsibility for the outcomes of adversity or the extent to which the person holds himself or herself accountable for improving the situation
3. **Reach:** The degree to which the person perceives good or bad events reaching into other areas of life
4. **Endurance:** The perception of time over which good or bad events and their consequences will last or endure

Overview of Related Researches

Following are the major findings of the previous researches on AQ:

In a study, it was revealed that adversity affects school climate and teacher effectiveness (Chauvin, 1992). In a study conducted by Williams (2003), it was found that adversity was both general and specific and that it could be person-specific or context-specific, and it can range from the micro level (specific school) to the macro level (an entire school district or nation). Regarding gender, it was found that 'Males have higher control over adversity with stronger analytical capability than females [Madelin, (2001); Rodgers et., al (2003)]. According to Shen (2014), androgynous subjects have higher scores of AQ. A study conducted in college students revealed that no significant difference in AQ between male and female students (Flejoles and Muzones, 2009). It was found that there was a positive correlation between AQ and school performance, implying that an increase in AQ scores will increase school performance scores, also indicating that an increase in the ability to handle adversities corresponds to better performance in academics (D'souza, 2006). In a study conducted by Huijan (2009), in college students revealed a significant relationship between AQ and academic performance and also showed that there is a significant difference found in the AQ of the respondents when the group was tested according to course and year level. In various studies, it was revealed that the adversity quotient enhancement programme was significantly effective in secondary school students (Devakumar, 2012), standard VIII students (Priyanka Jain, 2013), in junior college

Adversity Quotient for Prospective Higher Education

students (Almeida, 2009), college students (Enriquez, 2009), and in management students (Sachdev Priti, 2009).

Rationale of the Study

Higher secondary school education is the foundation of any higher education. Scope of education is broadening, and, need of society and developmental challenges of society are to be met. Who will do all that? If we say higher education learners are responsible to bring about these changes, when will they be able to do? If they are shaped / prepared / groomed, they will face the upcoming challenges / adversities. Higher Education learners could be able to face any situation because one of the most important determinants of success is to cope up with adverse conditions. This study may serve as an initial research that paves the way for researches to understand the AQ of learners which is the gate way for success. By understanding the AQ levels of students, the faculty and staffs can be better equipped to support students as they navigate the stressors of college life. All these aspects motivated the researcher to conduct research in this area. Thus, the researcher felt the need to understand the present status of AQ among higher secondary school students as they are going to enter into higher education where it focuses on all-round development of an individual.

OBJECTIVES

Following are the objectives outlined for the present study:

1. To study the levels of AQ of 11th standard students
2. To compare the levels of AQ of 11th standard students with reference to gender
3. To compare the AQ of GSEB and CBSE 11th standard students
5. To compare the AQ of Commerce, Science and Arts 11th standard students
6. To compare the AQ of 11th standard students on various family factors

HYPOTHESES

Based on the objectives of the study, the researcher formulated the following null hypotheses to obtain findings for the present study.

1. There is no significant difference in the mean scores of AQ of boys and girls students.
2. There is no significant difference in the mean scores of AQ of GSEB and CBSE school students.
3. There is no significant difference in the mean scores of AQ of commerce and science students.
4. There is no significant difference in the mean scores of AQ of commerce and arts students.
5. There is no significant difference in the mean scores of AQ of arts and science students.
6. There is no significant difference in the mean scores of AQ of students belonging to joint and nuclear family.
7. There is no significant difference in the mean scores of AQ of students having family size less than or equal to four members and greater than four members.

Adversity Quotient for Prospective Higher Education

8. There is no significant difference in the mean scores of AQ of students whose parents are graduate and non-graduate.
9. There is no significant difference in the mean scores of AQ of students whose both parents are working and one parent is working.
10. There is no significant difference in the mean scores of AQ students whose parents' occupation is service and non-service.

Delimitations of the Study

The present study was delimited to standard 11, English medium school students of GSEB and CBSE board of Gandhinagar city.

Operational Definitions of Key Terms

Adversity Quotient: AQ refers to the ability of an individual to handle unpleasant or adverse situations. Based on the scores obtained on the four components (control, ownership, reach and endurance) of AQ inventory, individuals are classified as people with high, moderate and low AQ. Scores obtained on self-constructed AQ scale is considered as AQ.

Stream of Education: Stream of education was divided into Commerce, Science and Arts.

Nature of Family: Nature of family refers to whether the student is staying in Joint family or Nuclear family.

Type of Family: Type of family refers to the members of the family i.e less than or equal to four members and more than four members in the family.

Qualification of Parents: Qualification of parents was divided into graduated parents and non-graduated parents. Graduated parents means one or both of the parents of the students were graduate and more qualified. Non-graduated parents mean none of the parents of the students were graduated.

Parents' working status: Parents working status was divided into both working and single working. Both working means both father and mother of the student is working and single working means any one of the parent is working for their livelihood.

Parents' occupation: Parents occupation is divided into service and non-service. Service means parents who are serving in any government or private organizations. Non-service refers to all other occupations including business, professional etc.,.

Variables of the Study

The variables included in the present study were as given below:

a. Independent Variables:

1. Gender – Male and Female
2. Type of School – GSEB and CBSE
3. Stream of Education – Commerce, Science and Arts
4. Nature of Family – Joint and Nuclear

Adversity Quotient for Prospective Higher Education

5. Type of Family - ≤ 4 members and > 4 members
6. Parents' Qualification - Graduates and Non-Graduates
7. Parent's Working Status - Both parent and Single Parent]
8. Parent's Occupation - Service and Non-Service

b. Dependent Variable: Adversity Quotient

Research Method

The study was a descriptive type of survey research because in this study investigator analyzed about the current status of AQ of 11th standard school students.

Population and Sample

The population of the present study encompasses the students of 11th standard, English medium, GSEB and CBSE schools of Gandhinagar city. Simple random sampling technique was used for the selection of schools and cluster sampling technique was used for selection of students. There were total of 18 higher secondary English medium schools in Gandhinagar city which includes 11 GSEB and 7 CBSE schools out of which 3 GSEB and 2 CBSE schools were selected as sample. Lottery method was used to identify proportionate numbers of schools from all the higher secondary schools in Gandhinagar city.

Research Tool

The researcher developed a self-constructed AQ scale with 5 point scale. The scoring was 5 to 1 for strongly agree to strongly disagree for each statement. This inventory was constructed based on the components of AQ i.e. control, ownership, reach and endurance.

1 Construction of tool: In construction of the tool, the researcher initiated with analyses of the content area about the AQ, and then items were constructed for assessment of various components of AQ. After preparing the first draft of the tool, it was given for experts' feedback and based on their feedback and suggestions. AQ scale was given to a total of 8 experts including school teachers, teacher educators. Based on the suggestions given, necessary editing was done and it was finalized after pre-piloting. To finalize the items in the scale, piloting and item analysis was done in 151 students of 11th standard. The initial scale in piloting procedure contained 55 items. Following item analysis, based on the computed t value for significant level for each item, only 38 items were selected for the final AQ scale. Total scores of the scale ranged from 38 to 190.

Data Collection

After the prior permission of the school authorities, data was collected from 5 schools which included 3 GSEB schools and 2 CBSE schools. In the present research, sample of 461 (270 boys and 191 girls) 11th standard school students, from five schools (3 GSEB and 2 CBSE) were selected.

Adversity Quotient for Prospective Higher Education

DATA ANALYSIS AND INTERPRETATION

Data Analysis: Objective - 1

The first objective of the present study was to study the levels of AQ of 11th standard students. The responses of the students against the self-constructed AQ scale were assessed and presented below.

Table.1 Levels of Adversity Quotient in terms of Mean Scores and Percentage of Mean Scores

Adversity Quotient Levels	Percentage of Students	Mean Scores	% of Mean Scores
High AQ	15.87	168.79	88.84
Average AQ	68.26	151.76	79.87
Low AQ	15.87	126.97	66.83

It was found from table 1 that the students showed various levels of AQ. The levels of AQ were determined by the assumptions of normal probability curve. In terms of percentage of mean scores of AQ, 88.84% scores fall under high AQ level, 79.87% scores fall under average AQ level and 66.83% scores fall under low AQ level. The mean scores of total sample was found to be 150.53. The Graph 4.1 indicated the various levels of AQ in terms of percentage of mean scores of AQ.

Data Analysis: Objective - 2

Data Analysis of Hypothesis 1

The null Hypothesis 1 was tested using C.R values statistically. The following table 2 indicates the findings of this hypothesis.

Table .2 Comparison of Adversity Quotient of Boys and Girls in terms of Mean, S.D., and C.R Values

Gender	N	Mean	S.D.	SE _D	C.R Value	Remark
Boys	270	149.65	14.31	1.31	1.64	Not Significant at 0.05 level
Girls	191	151.79	13.45			

It was found from the table 2, that the calculated C.R value was 1.64, whereas the table C.R value was 1.96 at 0.05 level for df=459. The calculated C.R value was found to be less than the table C.R value at 0.05 level. Hypothesis 1 was not rejected as the calculated C.R value was not found to be significantly higher than the table value at 0.05 level. Thus, it indicated that no

Adversity Quotient for Prospective Higher Education

significant difference was found in AQ levels of boys and girls and it can be said that there was no real difference between boys and girls in AQ.

Data Analysis: Objective - 3

Data Analysis of Hypothesis 2

The null hypothesis 2 was analyzed using C.R values. The following table 3 indicates the findings of this hypothesis.

Table.3 Comparison of Adversity Quotient of GSEB and CBSE students in terms of Mean, S.D., and C.R Values

Type of School	N	Mean	S.D.	SE _D	C.R Value	Remark
GSEB	242	152.05	14.20	1.29	2.46	Significant at 0.05 level
CBSE	219	148.86	13.58			

From table 3 it was found that, the calculated C.R value was 2.46, whereas the table value was 1.96 at 0.05 level for df=459. The calculated C.R value was found to be higher than the table value at 0.05 level. Hence the hypothesis 2 was rejected as there was significant difference found between the levels of AQ on the basis of Board of schools. It means there was significant difference found between students of GSEB and CBSE in AQ scores. The AQ levels of GSEB were higher than CBSE students. Thus, we can conclude that GSEB students were better in managing adversity than the CBSE students.

Data Analysis: Objective - 4

Data Analysis of Hypothesis 3

The null hypothesis 3 analyzed using C.R values. The following table 4 shows the analyses of this hypothesis

Table .4 Comparison of Adversity Quotient of Commerce and Science students in terms of Mean, S.D., and C.R Values

Stream of Education	N	Mean	S.D.	SE _D	C.R value	Remark
Commerce	161	150.00	15.27	1.45	0.79	Not Significant at 0.05 level
Science	266	151.16	13.26			

It was found from the table 4, that the calculated C.R value was 0.79, whereas the table value was 1.96 at 0.05 level for df=425. The calculated C.R value was found not significantly higher

Adversity Quotient for Prospective Higher Education

than the table value at 0.05 level. Hence, Hypothesis 3 was not rejected as there was no significant difference found in AQ levels of commerce and science students. Thus, it can be said that there was no real difference between boys and girls in AQ.

Data Analysis of Hypothesis 4

The null hypothesis 4 was tested and data was analyzed and interpreted in the following table 5 as below.

Table .5 Comparison of Adversity Quotient of Commerce and Arts students in terms of Mean, S.D., and C.R Values

Stream of Education	N	Mean	S.D.	SE _D	C.R value	Remark
Commerce	161	150.00	15.27	2.55	0.74	Not Significant at 0.05 level
Arts	34	148.11	13.11			

It was found from table 5 that the calculated C.R value was 0.74, whereas the table value was 1.97 at 0.05 level for df=193. The calculated C.R value was found to be less than the table value at 0.05 significant level. Therefore, the hypothesis 4, was not rejected as there was no significant difference in the AQ of Commerce and Arts students. Thus, it was drawn that the AQ level was not significantly different in Commerce and Arts students.

Data Analysis of Hypothesis 5

The null hypothesis 5 was tested using C.R values. The data were presented in the following table 6.

Table 6 Comparison of Adversity Quotient of Arts and Science students in terms of Mean, S.D., and C.R Values

Stream of Education	N	Mean	S.D.	SE _D	C.R value	Remark
Arts	34	148.11	13.11	2.39	1.27	Not Significant at 0.05 level
Science	266	151.16	13.26			

It was found from table 6, that the calculated C.R value was 1.27, whereas the table value was 1.97 at 0.05 level for df=293. The calculated C.R value was found to be not significantly higher than the table value at 0.05 level. Hence, it was inferred that there was no significant difference in the AQ of Arts and Science students. Thus, the hypothesis 5 was not rejected as there was no real difference in the AQ levels of Arts and Science students.

Adversity Quotient for Prospective Higher Education

Data Analysis: Objective - 5

Data Analysis of Hypothesis 6

The null Hypothesis 6 was tested using C.R values statistically. Following table 7 depicts the analysis of this hypothesis.

Table .7 Comparison of Adversity Quotient of Joint and Nuclear Family students in terms of Mean, S.D., and C.R Values

Nature of Family	N	Mean	S.D.	SE _D	C.R Value	Remark
Joint	147	150.75	14.89	1.45	0.22	Not Significant at 0.05 level
Nuclear	314	150.43	13.56			

It was evident from table 7 that the calculated C.R value was 0.22, whereas the table value was 1.96 at 0.05 level for df=459. From the data it was drawn that there was no significant difference found in the AQ levels of students in joint and nuclear family. Thus, the hypothesis 6 was accepted as there was no significant difference in AQ levels on the basis of nature of family. Thus it can be said that there was no real difference in the mean AQ scores of students belonging to joint family and nuclear family.

Data Analysis of Hypothesis 7

The null Hypothesis 7 was analyzed with the help of C.R values. Data was presented in the following table 8.

Table .8 Comparison of Adversity Quotient of students on the Basis of Types of Family in terms of Mean, S.D., and C.R Values

Types of Family	N	Mean	S.D	SE _D	C.R value	Remark
Family size $\leq$ 4 members	266	150.58	14.18	1.31	0.088	Not Significant at 0.05 level
Family size > 4 members	195	150.47	13.75			

It was found from the table 8, that the calculated C.R value was 0.088, whereas, the table value was 1.96 at 0.05 level for df=459. Hence, calculated C.R value was not significantly higher than the table value. From the data, it was drawn that there was no significant difference in the AQ levels between the above two groups. Thus, the hypothesis 7 was not rejected as there was no difference found in the AQ level in students belonging to family size less than or equal to four members and greater than four members. It can be said that there was no real difference found in the AQ levels of the students on the basis of types of family.

Adversity Quotient for Prospective Higher Education

Data Analysis of Hypothesis 8

The null hypothesis 8 was tested with the help of C.R value and the data was depicted as followed in table 9.

Table.9 Comparison of Adversity Quotient of students on the Basis of Qualification of Parents in terms of Mean, S.D., and C.R Values

Parents' Qualification	N	Mean	S.D.	SE _D	C.R value	Remark
Graduates	339	150.61	14.15	1.45	0.19	Not Significant at 0.05 level
Non-Graduates	122	150.33	13.56			

From table 9, it was found that the calculated C.R value was 0.19, whereas, the table value was 1.96 at 0.05 level for df=459. The calculated C.R value was found to be not significantly higher than the table value at 0.05 level. Hence, it was inferred that there was no significant difference in the AQ of students based on their parents' qualification. Thus, the hypothesis 8 was not rejected as there was no significant difference in the mean scores of AQ of the students whose parents were graduated and non-graduated. It means that there was no real difference found between the above two groups in the levels of AQ.

Data Analysis of Hypothesis 9

The null hypothesis 9 was tested and the data was analyzed with the help of C.R value and depicted as following in table 10.

Table .10 Comparison of Adversity Quotient of students on the Basis of Working Status of Parents in terms of Mean, S.D., and C.R Values

Parents' Working Status	N	Mean	S.D.	SE _D	t-value	Remark
Single	379	150.89	13.78	1.79	1.15	Not Significant at 0.05 level
Both	82	148.84	14.86			

It was found from table 10, that the calculated C.R value was 1.15 whereas, the table value was 1.96 at 0.05 level for df=549. Hence, the calculated C.R value was less than the table value, it was inferred that there was no significant difference in the AQ of students whose both parents are working and one parent is working. Thus, the hypothesis 9 was accepted. And it can be said that there was no real difference found in the AQ between the students' whose both parents are working and one parent is working.

Adversity Quotient for Prospective Higher Education

Data Analysis of Hypothesis 10

The Null Hypothesis 10 was tested and the data was analyzed statistically and depicted in table 11.

Table .11 Comparison of Adversity Quotient of students on the Basis of Occupation of Parents in terms of Mean, S.D., and C.R Values

Parents' Occupation	N	Mean	S.D.	SE _D	C.R value	Remark
Service	258	150.58	13.24	1.33	0.08	Not Significant at 0.05 level
Non-service	203	150.47	14.90			

From table 11, it was found that the calculated C.R value was 0.08 whereas, the table C.R value was 1.96 at 0.05 level for df=459. The computed C.R value was found to be not significantly higher than the table value at 0.05 level. Hence, it was predicted that there was no significant difference in the AQ of students based on their parent's occupation. Thus, the hypothesis 10 was not rejected as there was no significant difference in the mean scores of the AQ of the students whose parent's occupation is service and non-service. It means that there was no real difference in AQ levels of students on the basis of their parents' occupation.

MAJOR FINDINGS

Following are the major findings of the study:

1. In the present research, it was found that the mean AQ scores for complete sample was 150.53, mean for boys was 149.65 and mean for girls was 151.79.
2. It was found that there was real difference found in the scores of AQ of GSEB and CBSE students. The AQ of GSEB students were found to be higher than CBSE students.
3. From the analysis, it was found that there was no effect of gender, stream of education and family factors such as nature of family (joint and nuclear), type of family (family size ≤ 4 members and family size > 4 members), Parents' Qualification (graduated and non-graduated), Parents' working status (single working and both working) and Parents' occupation (service and non-service), on AQ of 11th standard school students.

DISCUSSION OF THE FINDINGS

The research of Devakumar M (2012) showed that there was no significant difference in the total AQ scores of students on the basis of school types. However, the studies of Radhika Vakharia (2012), and D'souza, Roschelle P. (2006) revealed that there was a significant difference in the AQ scores across different boards of schools, which was similar to the present findings. In addition, D'souza Roschelle P. (2006) study showed that CBSE students were better in handling adversities compared to State Board school students, which was observed incongruous in the present study; in the present study GSEB students were found to be better in AQ than CBSE students.

Adversity Quotient for Prospective Higher Education

It was found that the level of AQ among the highest percentage of respondents was below average according to Cura, J., & Gozum, J. (2011). It was also found from the same study that the AQ of the respondents was not influenced by their sex, course, academic status, scholastic status, scholarship grant and the type of high school they graduated. The age and gender difference did not affect the AQ according to Cornista, G., & Macasaet, C. (2013). According to Huijuan, Z. (2009) study, the AQ of students was not influenced by gender. All these previous findings supported the present research findings. However, a study conducted by Liu, L. (2011) showed that different gender roles had significant difference in AQ which was differing to the previously discussed studies and the findings of the present study.

AQ of students was found to be in relation with course and year level according to Huijuan, Z. (2009), however, in the present study, it was found that there was no significant effect of stream of education on AQ of students.

EDUCATIONAL IMPLICATIONS

There are several implications that can be drawn from the present research, to inform practice for the various stakeholders in the educational fraternity. The present study gave an understanding to the students regarding their adverse situations and their level of AQ which consequently can help them in identifying what can be done to enhance their AQ at personal level and professional level. The research gave knowledge to various educational personnels about the AQ levels in students and guided them to make remedial measures if necessary and make classroom activities meaningful and relevant to students' lives, culture, and future. Also, the higher education institutions could plan for remedial programmes at the entry level, which consequently lead to strong higher educational outcomes. In addition to this, higher education can provide programmes and workshops on self-inspirations, know yourself- group activity, LEAD yourself-group activity etc., to enhance the adversity quotient levels of the students. It will provide an insight to the college management and authorities, on the urgency in the need to organize such seminars and workshops to develop the all-round skills of students in order to be able to handle adversities that continuously surround them in today's stress-busted times. A more comprehensive curriculum can be designed by the curriculum developers and governance strategies can be developed by understanding the AQ levels of the students. Education curriculum should be based on real life situations. It should be prepared in such a way that it orients the learners to face the upcoming difficulties. This may help them to be successful in life. CBSE Board should analyze the curriculum and try to provide more inputs that enhance the AQ of learners. Based on this research findings their objectives can be aligned with the changing trends and meet the needs of the students in changing times with respect to the challenges and hardships the future holds. Education system should identify AQ of higher education learners at entry level and customized inputs are to be offered to enhance their AQ. Schools and college teachers should study the environment more minutely and plan learning experiences accordingly. This study emphasizes the need to appoint counselors in colleges and help the counselors to enable the students to know their weaknesses and develop them into their strengths by providing them vocational, educational and personal guidance. Although personal variables are found not

Adversity Quotient for Prospective Higher Education

affecting the AQ, more studies are to be conducted to explore and confirm these variables effect on AQ in future. If effect of family may appear in future due to uncertain and changing family environment, parenting education should be provided to parents.

SUGGESTIONS FOR FUTURE RESEARCH

Following are the suggestions made for future researchers:

- The research can further be done at primary and secondary school level.
- Comparison between CBSE, GSEB and ICSE school Boards can be done.
- A standardized tool for measuring AQ in Indian Context is not available yet. Therefore, AQ scale can be constructed and standardized for higher secondary school students.
- AQ of students living with family and in hostel can be studied and compared.
- AQ of students belonging to rural and urban area can be studied.
- AQ of government schools and private schools can be studied.
- Comparison of AQ of students belonging to different states of India can be done.
- AQ enhancing programmes can be developed and experimental research can be done.
- Different components of AQ can be studied and compared. Different AQ enhancing programmes can be developed for specific component of AQ.
- The present research is the initial study conducted for the first time in Gandhinagar city. Similar research on AQ can be conducted on other districts of Gujarat.
- To confirm the findings of the present study and previous researches, a large sample study can be done to confirm the results.
- Researches on the relationship of AQ with other psychological factors can be done.

CONCLUSION

The present study was conducted to know the AQ and its relationship with Self-esteem of 11th standard school students of Gandhinagar city in Gujarat. The findings obtained using survey method showed that there was real difference in AQ of students with respect to school types. To the knowledge of the investigator, there were few researches conducted in India, and the present study is the first attempt taken in Gujarat. Considering this fact, the researcher tried to find the knowledge that is useful in the field of education. This attempt of researcher will be considered useful if the findings of the study are used to improve the present scenario of the education system. On the whole, by enhancing the levels of AQ in future citizens of the society, resilient individuals can be given for the National development as whole. This study, have application for thousands of students and educational stakeholders.

REFERENCES

- Almeida, A(2009). Development of a programme for enhancing AQ of Junior College students, Retrieved from http://peaklearning.com/grp_research.html

Adversity Quotient for Prospective Higher Education

- Cornista, G., & Macasaet, C. (2012). *Adversity Quotient and Achievement Motivation of Third Year and Fourth Year Psychology Students of de la Salle Lipa*. Retrieved from http://www.peaklearning.com/documents/PEAK_GRI_cornista-macasaet.pdf
- Cura, J., & Gozum, J. (2011). *Correlational Study on Adversity Quotient® and the Mathematics Achievement of Sophomore Students of College of Engineering and Technology in Pamantasan ng Lungsod ng Maynilaw*. Retrieved from http://www.peaklearning.com/documents/PEAK_GRI_gozum.pdf
- Chauvin, S. W. (1992). *An exploration of principal change facilitator style, teacher bureaucratic and professional orientations, and teacher receptivity to change*. Unpublished doctoral dissertation, Louisiana State University, Baton Rouge, LA
- D'souza, R (2006). *A Study Of Adversity Quotient Of Secondary School Students In Relation To Their School Performance And The School Climate*, Department of Education, University of Mumbai, Unpublished Doctoral thesis Retrieved from www.peaklearning.com/documents/PEAK_GRI_dsouza.pdf
- Devakumar, M. (2012). *A Study of Adversity Quotient of Secondary School Students in Relation to their Academic Self Concept and Achievement Motivation*, Retrieved from http://www.peaklearning.com/documents/PEAK_GRI_devakumar2.pdf
- Enriquez, J. (2009). *The effect of a mentoring program on the AQs of college freshmen*. Retrieved from http://www.peaklearning.com/documents/PEAK_GRI_enriquez.pdf
- Flejoles and Muzones, (2009). *Adversity Quotient of Bachelor of science in maritime information technology students*, Maritime University, Molo, Inc., Philippines. Unpublished Doctoral thesis, Retrieved from http://www.academia.edu/3621438/Adversity_Quotient_of_Bachelor_of_Science_in_Maritime_Information_Technology_Students_at_John_B._Lacson_Foundation_Maritime_University-Molo_Inc
- Huijuan, Z. (2009). *AQ and academic performance among college students at St. Joseph College*, Department of Psychology, Quezon city, Unpublished Doctoral thesis, Retrieved from www.peaklearning.com/documents/PEAK_GRI_huijuan.pdf
- Liu, L. (2011). *Men are from mars and women are from venus?"--from the aspect of gender role, the interrelationships between AQ, work pressure, personal characteristic, and work performance*, Retrieved from http://libserver2.nhu.edu.tw/ETD-db/ETD-search/view_etd?URN=etd-1207111-111820
- Madelin, B. (2001). *Les femmes-relais, les "sans-papiers" du travail social? Vei enjeux*, vol.124: pp.81-91.
- Nikam and Uplane (2013), *Adversity Quotient and Defense Mechanism of Secondary School Students*, *Universal Journal of Educational Research*, Vol. 1 (4), pp. 303-308
- Rodgers, B., Blewitt, K., Jacomb, P., & Rosenman, S. (2003), *Child abuse Prevention*, *Australian Institute of Family studies*, Melbourne, Australia: Newsletter, 11(1).

Adversity Quotient for Prospective Higher Education

- Sachdev, P. (2011). *Effectiveness of an Intervention Programme to Develop Adversity Quotient® of Potential Leaders*, Retrieved from http://www.peaklearning.com/documents/PEAK_GRI_pritiSachdev.pdf
- Shen Chao-Ying (2014), The relative study of gender roles, and job stress and adversity quotient, *The Journal of Global Business Management*, 10(1).
- Stoltz, P. G. (2000). *Adversity Quotient at Work: Make Everyday Challenges the Key to Your Success- Putting the Principles of AQ Into Action*. Canada: John Willey and Sons, Inc. Wiley Publishers
- Stoltz,P.G(1997) *Adversity Quotient- turning obstacles into opportunities*, Retrieved from www.peaklearning.com
- Vakharia Radhika (2012). *A study of secondary school students' response to adversity in relation to certain psychological and performance factors*, Retrieved from http://www.peaklearning.com/documents/PEAK_GRI_vakharia2.pdf
- Williams Mark (2003). The relationship between principal response to adversity and student achievement Cardinal Stritch University, College of Education in Leadership for the Advancement of Learning and Service, Retrieved from http://peaklearning.com/documents/grp_williams_dissertation.pdf

Organizational Commitment among Public and Private School Teachers

Sadia Khan¹

ABSTRACT:

An attempt was made to study the organizational commitment among public and private school teachers. The data was collected from 150 school teachers, including 75 each from public and private schools through random sampling technique. Organizational Commitment Scale developed by Shawkat and Ansari (2001) was used for data collection. Analyses of the data were done by applying Mean, SD and t-test. Results revealed the significant difference between organizational commitment of public and private school teachers. It was also found that private school teachers experienced more commitment as compared to the public school teachers.

Keywords: *Organizational Commitment, Public and Private School Teachers.*

Organizational Commitment

Sheldon (1971) defined commitment as “an attitude or an orientation towards the organization, which links or attached the identification of the person to the organization”. Organizational commitment is a powerful tool that can be applied as an aid to achieved higher level of performance and to developed and maintain discipline in an organization. The construct has been found to be related to many important outcome variables such as; performance, absenteeism, employees’ turnover, tardiness etc. Lack of commitment towards the work and the organization can be contributed to the major problems experienced by organizations like high cost of production and poor services (Sherwin, 1972). Blau & Boal (1987) defined organizational commitment as ‘a state in which an employee identifies with a particular organization and its goals, and wishes to maintain membership in the organization’. According to Riechers (1985) commitment to an organization constituted with three major attitudes such as: (1) a sense of identification with the organization’s goals. (2) A feeling of involvement in organization’s duties and (3) a feeling of loyalty for the organization. Sharma & Singh (1991) argued that organizational commitment is the product of two independent sets of factors viz; personal and organizational, which simultaneously operate in every organization. Miller and Lee (2001) stated that organizational commitment is a state of being, in which organizational members are bound-

¹Research Scholar, Department of Psychology, Aligarh Muslim University, Aligarh-202002 (India)

Organizational Commitment among Public and Private School Teachers

- by their actions and beliefs that sustain their activities and their own involvement in the organization. Maume (2006) defined organizational commitment as “it is typically measured by items tapping respondents’ willingness to work hard to improve their companies, the fit between the firm’s and the worker’s values, reluctance to leave and loyalty toward pride taken in working for their employers”.

Dimensions of Organizational Commitment

Meyer and Allen (1997) proposed three dimensions to understand the organizational commitment namely, Affective, Continuance and Normative Commitments. The brief description of these dimension are presented as:

Affective Commitment

Meyer and Allen (1997) defined affective commitment as ‘the employee’s emotional attachment to, identification with, and involvement in the organization’. Organizational members, who are committed to an organization on an affective basis, continue working for the organization because they want to (Meyer and Allen, 1991). Employees who are committed on an affective level stay with the organization because they realized their personal employment relationship as congruent to the goals and values of the organization (Beck and Wilson, 2000).

Continuance Commitment

According to Meyer and Allen (1997) continuance commitment is “the awareness of the costs associated with leaving the organization”. It is calculative in nature because, the individual’s perception or weighting of costs and risks related with leaving the current organization (Meyer and Allen, 1997). Meyer and Allen (1991) further pointed that “employees whose primary link to the organization is based on continuance commitment remain because they need to do so’. This indicated the difference between continuance and affective commitment in the organization.

Normative Commitment

Meyer and Allen (1997) stated normative commitment as “a feeling of obligation to continue employment”. Internalized normative beliefs of duty and obligation make individuals obliged to sustain membership in the organization (Allen and Meyer, 1990). According to Meyer and Allen (1991) point of view “employee with normative commitment feels that they ought to remain with the organization”.

LITERATURE REVIEW

Luthans et al. (1992) conducted a study to find out the importance of social support on employees’ commitment. They found strong positive correlation between strong supportive climate and bank teller’s organizational commitment.

Organizational Commitment among Public and Private School Teachers

In a study, Pedro (1992) found that the teachers' motivation emerged as most powerful predictor of organizational commitment. Findings also indicated that female teachers tend to have higher commitment than male teachers.

Fresko, Kfir and Nasser (1997) conducted a study to find the effect of job satisfaction on organizational commitment. Results revealed that only job satisfaction could directly predicted organizational commitment. On the other hand, Mathew (2003) conducted the study to evaluate the teachers work values. The findings showed that those teachers who have high work values were more committed to the organization.

Suki and Suki (2011) conducted a study to find out the influence of gender on employee's perception of job satisfaction and organizational commitment. Findings revealed that employee's gender has no significant effect on his/her perception of job satisfaction. Further they found that men and women employees have the same level of organizational commitment.

Kumari and Jafri (2011) conducted a study to measure the level of overall organizational commitment of male and female secondary school teachers in Aligarh Muslim University, Aligarh. Data was analyzed by applying Mean, SD and t-test. Results showed that overall percentage of female school teachers experienced higher level of organizational commitment as compared to the male teachers. Similar results were found by Zilli and Zahoor (2012) among male and female higher education teachers.

Nagar (2012) conducted a study to evaluate "organizational commitment and job satisfaction among teachers during times of Burnout for developing and tests a model for Burnout and its influence on job satisfaction and organizational commitment". Results showed that with the consideration of job satisfaction & organizational commitment, the mean score of female teachers was found to be higher than male teachers. He concluded that greater job satisfaction among teachers also leads to the increased level of organizational commitment.

Misra, Ansari and Khan (2009) conducted the study to measure the organizational commitment among Government and private school teachers. They reported that the private school teachers showed higher organizational commitment as compared to the government school teachers.

Gupta and Gehlawat (2013) conducted the study to assess the influence of job satisfaction, work motivation and type of schools on organizational commitment among the sample of 480 secondary school teachers in Rohtak Division of Haryana. The investigators applied Means, SD's and t-test for analyzing the collected data. Findings of the study reported significant effect of type of schools and job satisfaction on the organizational commitment of the teachers. Private school teachers significantly differ with Government school teachers and they possessed higher level of organizational commitment as compared to the Government school

Organizational Commitment among Public and Private School Teachers

teachers. Further, there was no significant difference was found in organizational commitment of private school teachers with high and low level of work motivation and the government school teachers with high level of work motivation were reported to be better than their counterparts with respect to their organizational commitment.

Although, a large number of the research investigations have been done on organizational commitment among employees working in different organizational as well as industrial set-ups but much has not been done on organizational commitment among public and private school teachers teaching in various schools in Aligarh. Therefore, the present investigation has been designed to explore the organizational commitment among public and private school teachers to find out the effect of school structure on teachers' commitment.

OBJECTIVES:

Objectives of the study are stated as follows:

- To determine the overall organizational commitment among public and private school teachers.
- To determine the affective commitment dimension among public and private school teachers.
- To determine the continuance commitment dimension among public and private school teachers.
- To determine the normative commitment dimension among public and private school teachers.

HYPOTHESES

- There will be significant difference between overall organizational commitment of public and private school teachers.
- There will be significant difference between affective commitment dimension of public and private school teachers.
- There will be significant difference between continuance commitment dimension of public and private school teachers.
- There will be significant difference between normative commitment dimension of public and private school teachers.

Sample of the Study

The sample of the present study was drawn from public and private schools. The sample comprising of 150-school teachers (75-working in public and 75-in private schools) were selected by applying random sampling technique from Aligarh district of Uttar Pradesh.

Organizational Commitment among Public and Private School Teachers

Tool Used

In the present investigation organizational commitment scale was used for data collection. The brief description of the scale is as follows:

Organizational Commitment Scale

This scale was developed by Shawkat and Ansari (2001). It contains with 15 items and each items to be rated on seven point scale ranging from strongly agree to the strongly disagree. This scale is having 3 dimensions-Affective Commitment, Continuance Commitment and Normative Commitment. Items 1 to 5 falls under affective commitment, 6 to 10 falls under continuance commitment and 11 to 15 falls under normative commitment. The split half reliability of this scale was found to be 0.80 and the congruent validity was found to be 0.76.

Procedure of Data Collection

Good rapport was established with each teacher before requesting to fill up the questionnaire and then instructions were invariably explained to the teachers. After that questionnaires were distributed individually. Subjects were assured of confidentiality of their responses and were requested to extend their co-operation. Finally questionnaires were collected from all the teachers, scoring done and analysis was carried on.

Statistical Analyses

To meet the research hypotheses Mean, SD and t-test were applied.

RESULTS AND INTERPRETATION

Table-1: Showing Mean, SD and t-value of Public and Private school teachers on overall organizational commitment.

Variable	Groups	N	Mean	SD	t-value (df=148)
Organizational commitment	Private School Teachers	75	81.50	8.47	4.47**
	Public School Teachers	75	74.88	9.63	

**Significant at 0.01 level

Organizational Commitment among Public and Private School Teachers

Table-1 showing mean difference between organizational commitment of teachers working in Public and Private sector schools. The mean value for private school teachers was found to be 81.50 with the SD as 8.47. Similarly, the mean value for the public school teachers was found to be 74.88 with SD as 9.63 respectively. The t-value between two means was found to be 4.47 which was significant at 0.01 level of significance. Thus, the first underlined hypothesis of the present investigation that (there will be significant difference between overall organizational commitment of public and private school teachers) is proved. The teachers of private schools have been found more committed than public school teachers.

Table-2: Showing Mean, SD and t-value of Public and Private school teachers on dimensions of organizational commitment.

Dimension of Organizational Commitment	Groups	N	Mean	SD	t-value (df=148)
Affective Commitment	Private School Teachers	75	27.08	3.44	2.10*
	Public School Teachers	75	23.90	2.65	
Continuance commitment	Private School Teachers	75	26.94	3.35	1.89
	Public School Teachers	75	25.50	5.68	
Normative Commitment	Private School Teachers	75	27.48	3.54	2.84**
	Public School Teachers	75	25.46	5.07	

*Significant at 0.05 level

**Significant at 0.01 level

Table-2 is showing the mean difference between on various dimensions of organizational commitment of Public and Private school teachers. The Mean and SD in the case of private school teachers on affective commitment dimension were found to be 27.08 and 3.44, while in the case of public school teachers were found to be 23.90 and 2.65 respectively. The t-value

Organizational Commitment among Public and Private School Teachers

between two means was found to be 2.10 which was significant at 0.05 level of significance. Thus, the second underlined hypothesis of the present investigation that (there will be significant difference between affective commitment dimension of public and private school teachers) is proved.

The Mean and SD in the case of private school teachers on continuance commitment dimension were found to be 26.94 and 3.35, while in the case of public school teachers were found to be 25.50 and 5.68 respectively. The t-value between two means was found to be 1.89 which was not significant even at 0.05 level of significance. Thus, the third underlined hypothesis of the present investigation that (there will be significant difference between continuance commitment dimension of public and private school teachers) is not proved.

The Mean and SD in the case of private school teachers on normative commitment dimension were found to be 27.48 and 3.54, while in the case of public school teachers were found to be 25.46 and 5.07 respectively. The t-value between two means was found to be 2.84 which was significant at 0.01 level of significance. Thus, the fourth underlined hypothesis of the present investigation that (there will be significant difference between normative commitment dimension of public and private school teachers) is proved.

DISCUSSION

The findings of the present study showed significant difference between organizational commitment of public and private school teachers. Further the results also showed the significant difference on each dimensions of organizational commitment except continuance commitment dimension. Private school teachers showed higher commitment on overall organizational commitment as well as on the each dimensions of organizational commitment as compared to the public school teachers. These findings are supported by several research studies such as; Misra, Ansari and Khan (2009) conducted the study to measure the organizational commitment among Government and private school teachers. They reported that the private school teachers showed higher organizational commitment as compared to the government school teachers. Further, Gupta and Gehlawat (2012) reported that Private school teachers significantly differ with Government school teachers and they possessed higher level of organizational commitment as compared to the Government school teachers.

CONCLUSION

Finally, it is concluded that private school teachers are more committed as compared to the public school teachers. There may be several reasons behind this result. Public school teachers have high job security in the schools while in the case of private school teachers they have very low job security. Due to the lack of job security in the private sector schools, teachers put higher commitment to the schools to secure their job for the long period of time. In the

Organizational Commitment among Public and Private School Teachers

Indian education context, public sector schools constituted with very poor quality of working life as compared to the private schools. Private sector schools especially focused on teachers' quality of work life. Poor quality of work life developed boring, laziness, stress and physical distress etc among the teachers. These factors are adversely affected teachers' commitment at work place. Thus, the study gives enormous scope for the improvement of quality of work life in public sector schools to enhance the teachers' commitment.

REFERENCES

- Allen, N.J. and Meyer, J.P. (1990). The Measurement and Antecedents of Affective, Continuance, and Normative Commitment to the Organization. *Journal of Occupational Psychology* 63, 1-18.
- Beck, K. and Wilson, C. (2000). Development of affective organizational commitment. A cross-sequential examination of change with tenure. *Journal of Vocational Behaviour*, 56, 114-136.
- Blau, C.J. & Boal, K.R. (1987). Conceptualizing how job involvement and organizational commitment affect turnover and absenteeism. *Academy of management review*, April, p. 209.
- Fresko, b., Kfir, d. and nasser, f. (1997). Predicting teacher commitment. *Teaching and Teacher Education*, 13(4), 429-438.
- Kumari, S., & Jafri, S. (2011). „Level of Organizational Commitment of Male and Female Teachers of Secondary Schools“. *Journal of Community Guidance & Research*, 28(1), 37-47.
- Gupta, M. and Gehlawat, M. (2013). A Study of the Correlates of Organizational Commitment Among Secondary School Teachers. *Issues and Ideas in Education* Vol. 1 March 2013 pp. 59–71.
- Luthans, Fre; Wahl, La Vonne K. & Steinhans, Corrol S. (1992). The importance of social support for employee commitment: A qualitative and quantitative analysis of bank tellers. *Organization Development Journal*, Vol. 10(9), pp. 1-10.
- Mathew, T.C. (2003). A study of organizational commitment of degree college teachers in relation to work values, self-actualisation and leader behaviour of principals. *Indian Educational Abstracts*, 4(1), 86-87.
- Maume, D.J. (2006). Gender differences in taking vacation time. *Work and Occupations*, 33(2), 161-190.

Organizational Commitment among Public and Private School Teachers

- Meyer, J. and Allen, N. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1(1), 61-89.
- Meyer, J. and Allen, N. (1997). *Commitment in the workplace*. Thousand Oaks, CA: SAGE Publications.
- Miller, D. and Lee, J. (2001). The people make the process: commitment to employees decision making and performance. *Journal of Management*, 27(2), 163-189.
- Misra, S., Ansari, N. and Khan, S.A. (2009). A comparative study of organizational commitment and organizational health among public and private school teachers. *Indian Journal of Psychology and Mental Health*, 3(5), 42-48.
- Nagar, K. (2012). Organizational commitment and job satisfaction among teachers during times of burnout. *Vikalpa: The Journal for Decision Makers*, 37(2), 43-60.
- Pedro, R. (1992). Preliminary models of teacher organizational commitment: Implications for restructuring the workplace. Retrieved from ERIC database. (ED275071)
- Reichers, A.R. (1985). A review and reconceptualization of organizational commitment. Sharma, B.R. & Singh, S. (1991). Determinants of organizational commitment. *Management and Labour Studies*, Vol. 16, pp. 63-75 *Academy of Management Review*, pp. 465-476.
- Shawkat, S. and Ansari, S.A. (2001). Organizational Commitment scale. Unpublished Ph. D thesis, A.M.U., Aligarh.
- Sheldon, E.M. (1971). Investments and involvement as mechanisms producing commitment to the organization. *Administrative Science Quarterly*, 16, 143- 150.
- Sherwin, D. (1972). Strategy for winning employee commitment. *Harvard Business Review*, May-June, pp. 3-47.
- Suki, N., & Suki, N. (2011). Job Satisfaction and Organizational Commitment: The Effect of Gender. *International journal of psychology research*, 6(5), 1-15.
- Zilli, A. S., & Zahoor, Z. (2012). Organizational Commitment among Male and Female Higher Education Teachers. *Indian Journal of Psychology and Education*, 2(1), 55-60.

A Comparative Study on Dimensions of Role Efficacy between Top and Lower Management of Universities in Rajasthan

Chaudhary A. K.¹, Jain N²

ABSTRACT:

The purpose of the present research work is to compare role efficacy of middle and lower management employees of universities of Rajasthan. Respondents were directly contacted for filling up the standard questionnaire of Role Efficacy Scale, developed by Dr. Udai Pareek. The ten dimensions of role efficacy namely (Centrality, Self-role integration, Proactivity, Creativity, Inter-role linkage, Helping relationship, Super ordination, Influence, Personal growth and Coordination) were analysed through t-test. The results conclude that there is significant difference on dimension such as self role integration, proactivity, creativity, inter role linkage, helping relationship, personal growth and coordination of role efficacy of top and lower management. The significance of the study is based on the challenges facing higher education and to improve their academic standard through role efficacy of top and lower level management.

Keywords: Role efficacy, Top management, Lower management.

University is an institution of higher education and research which grants academic degrees in a variety of subjects and provides both undergraduate education and postgraduate education. The university's employees played different roles in the university to execute various tasks. They have required proficiency to execute various tasks so we have to needed study of role efficacy of employees of universities. Role efficacy mean's a person's capacity for producing a desired result or effect; effectiveness. *In other words* it means potential effectiveness of an individual occupying a particular role in university.

Review of Literature

According to Miller, Woehr, Hudspeth (2001), work ethics can be seen in the dimensions of morality in work place, self-reliance, hard work, delay of gratification, work centrality and so on. The present study is interested in work centrality as an attitudinal aspect of work ethic.

¹Senior Lecturer, Department of Psychology, Government Meera Girls College, Udaipur (Raj.)

²Research Scholar, Faculty of Management, Pacific University, Udaipur.

A Comparative Study on Dimensions of Role Efficacy between Top and Lower Management of Universities in Rajasthan

Objectives of the Study: The objectives of the present research are as follows:

1. To study the role efficacy in the Top and Lower Management employees of universities of Rajasthan.
2. To study the various dimensions of role efficacy namely Centrality, Self-role integration, Proactivity, Creativity, Inter-role linkage, Helping relationship, Super ordination, Influence, Personal growth and Coordination of university employees.
3. To compare the various dimensions of role efficacy between Top and Lower Management employees of universities.

Methodology: First of all the head of the institutions were contacted and after taking permission for data collection, respondents were contacted at their comfort zone of time. Then the Role Efficacy Scale questionnaires were distributed and collected after 45 minutes. Thereafter scoring was done with the help of manual and interpretation was done. Thereafter t-test was applied for the comparison of top and lower management university employees in the context of various dimensions of role efficacy.

Tool: RES (Role Efficacy Scale) by Udai Pareek was used. The scale consists of 10 dimensions of role efficacy namely Centrality, Self-role integration, Proactively, Creativity, Inter-role linkage, Helping relationship, Super ordination, Influence, Personal growth and Coordination. The test is reliable (reliable coefficient 0.68) and valid (validity coefficient 0.51)

Research Design

Data were collected from 270 employees drawn from Public, Private and Deemed Universities. For testing the differences on present role efficacy between Top and Lower management of employees of Universities, the distribution of sample is as follows: Top management= 180 and Lower management = 90.

Sample: The sample consisted of a total number of 180 top management (academic) and 90 employees lower management from six universities of Rajasthan.

A Comparative Study on Dimensions of Role Efficacy between Top and Lower Management of Universities in Rajasthan

ANALYSIS AND DATA INTERPRETATION

There will be no significant difference between Top and Lower Management regarding dimensions of role efficacy namely Centrality, Self-role integration, Proactivity, Creativity, Inter-role linkage, Helping relationship, Super ordination, Influence, Personal growth and Coordination of University's employee.

Comparison of Top and Lower Management on dimensions of Role efficacy

Dimensions	Type of Management	N	Mean	S.D.	Mean Diff	t	p value
Centrality	Top	180	2.13	.994	.156	1.161	.247
	Lower	90	1.98	1.122			
Self-role integration	Top	180	2.94	1.282	.772	3.758	.000
	Lower	90	2.17	2.079			
Proactivity	Top	180	2.02	1.307	.500	2.748	.006
	Lower	90	1.52	1.595			
Creativity	Top	180	2.87	1.073	.617	3.550	.000
	Lower	90	2.26	1.771			
Inter-role linkage	Top	180	2.79	1.251	.911	4.362	.000
	Lower	90	1.88	2.177			
Helping relationship	Top	180	2.51	1.676	.872	3.391	.001
	Lower	90	1.63	2.510			
Super ordination	Top	180	1.57	1.473	.400	1.947	.053
	Lower	90	1.17	1.807			
Influence	Top	180	2.12	1.363	.372	1.964	.051
	Lower	90	1.74	1.660			
Personal Growth	Top	180	2.27	1.217	.344	2.037	.043
	Lower	90	1.92	1.478			
Coordination	Top	180	3.42	1.182	.800	4.223	.000
	Lower	90	2.62	1.917			

The above table shows that 't' score for centrality dimension of role efficacy is found to be 1.161 which is insignificant at 0.05 level it infers that there is no significant difference on centrality dimension of role efficacy between top and lower management. The above table indicates that 't' score for self-role integration dimension of role efficacy is found to be 3.758 which is significant at 0.01 level it infers that there is significant differences on self-role integration dimension of role efficacy between top and lower management. The above table reflects that 't' score for proactivity dimension of role efficacy is found to be 2.748 which is significant at 0.01 level it infers that there is significant differences on proactivity dimension of role efficacy between top and lower management. The above table depicts that 't' score for

A Comparative Study on Dimensions of Role Efficacy between Top and Lower Management of Universities in Rajasthan

creativity dimension of role efficacy is found to be 3.550 which is significant at 0.01 level it infers that there is significant differences on creativity dimension of role efficacy between top and lower management. The above table reveals that 't' score for inter-role linkage dimension of role efficacy is found to be 4.362 which is significant at 0.05 level it infers that there is significant differences on inter-role linkage dimension of role efficacy between top and lower management. The above table observes that 't' score for helping relationship dimension of role efficacy is found to be 3.391 which is significant at 0.01 level it infers that there is significant differences on helping relationship dimension of role efficacy between top and lower management. The above table refers that 't' score for super ordination dimension of role efficacy is found to be 1.947 which is insignificant at 0.05 level it infers that there is no significant difference on super ordination dimension of role efficacy between top and lower management. The above table exhibits that 't' score for influence dimension of role efficacy is found to be 1.964 which is insignificant at 0.05 level it infers that there is no significant difference on influence dimension of role efficacy between top and lower management. The above table refers that 't' score for personal growth dimension of role efficacy is found to be 2.037 which is significant at 0.05 level it infers that there is insignificant differences on personal growth dimension of role efficacy between top and lower management. The above table exhibits that 't' score for coordination dimension of role efficacy is found to be 4.223 which is significant at 0.01 level it infers that there is significant differences on coordination dimension of role efficacy between top and lower management.

Interpretation

- **Centrality dimension of Role Efficacy** Top and Lower management do not differs significantly on Centrality dimension of organizational role efficacy. It may be due to both types of management have similar level of potential effectiveness.
- **Self Role Integration dimension of Role Efficacy** Top and Lower management differs significantly on Self Role Integration dimension of organizational role efficacy. It may be due to Top management have more strength, experiences, and special skills in comparison to lower management to make Self Role Integration.
- **Proactivity dimension of Role Efficacy** Top and Lower management differs significantly on Proactivity dimension of organizational role efficacy. Top management had significantly more proactivity from Lower management it may be due to Top management executes all decision with take initiative then Lower management of university level.
- **Creativity dimension of Role Efficacy** Top and Lower management differs significantly on Creativity dimension of organizational role efficacy. Top management had significantly more Creativity from Lower management it may be due to Top management having more opportunities to be creative and they used new and unconventional ways to solving problems then Lower management.
- **Inter Role Linkage dimension of Role Efficacy** Top and Lower management differs significantly on Inter Role Linkage dimension of organizational role efficacy. Top

A Comparative Study on Dimensions of Role Efficacy between Top and Lower Management of Universities in Rajasthan

management had significantly more Inter Role Linkage from Lower management it may be due to Top management executes important role in the university by nature organization.

- **Helping Relationship dimension of Role Efficacy** Top and Lower management differs significantly on Helping Relationship dimension of organizational role efficacy. Top management had significantly more Helping Relationship from Lower management it may be due to Top management help to Lower management.
- **Super ordination dimension of Role Efficacy** Top and Lower management do not differs significantly on Super ordination dimension of organizational role efficacy at university level. It may be due to they have serve at similar level of systems and groups beyond the organization.
- **Influence dimension of Role Efficacy** Top and Lower management do not differ significantly on Influence dimension of organizational role efficacy. It may be due to they have similar power to Influence larger section of society.
- **Personal Growth dimension of Role Efficacy** Top and Lower management differs significantly on Personal Growth dimension of organizational role efficacy. Top management had significantly more Personal Growth in comparison to Lower management it may be due to Top management employees have more opportunities for personal growth.
- **Coordination dimension of Role Efficacy** Top and Lower management differ significantly on Coordination dimension of organizational role efficacy. Top management had significantly more Coordination from Lower management employees it may be due to Top management are super position holders to listen the employee's problem and solve them

Findings

The Top management perform more better on self-role integration, Proactivity, Creativity, Helping relationship, inter-role linkage, Personal Growth and Coordination in comparison of Lower management.

Conclusions

There is significant difference between Top and Lower management on dimension Self-role integration, Proactivity, Creativity, Inter-role linkage, Helping Relationship, Personal Growth and Coordination.

Recommendations

1. Lower management required to maintain all seven subsystems i.e. self-role integration, proactivity, creativity, inter-role linkage, helping relationship, personal growth and coordination.
2. A separate program for lower management is the dire need of the time.
3. Lower management requires to improved self-role integration, proactivity, creativity, inter-role linkage, helping relationship, personal growth and coordination dimensions of role efficacy. Which can done be through orientation program.

Limitation of the Study: This research is limited to the top and lower management of educational sector of Rajasthan. This study relied on self report and surveyed data.

References

Miller, M; Woehr, D. J; & Hudspeth, N. (2001). The meaning and measurement of work Ethic: Construction and Initial Validation of Multidimensional inventory. Journal of vocational Behaviour, 59, 1 -39.

Burden, Stress and Coping Strategies of Intellectually Disabled Children

Dr. Thiyaam Kiran Singh¹, Priyanka Panday²

ABSTRACT:

Aim of this research is to find out the burden, stress and coping strategies of intellectually disabled children on parents. In this study two groups one is male and other is female were selected. A total of 51 samples were collected out of which 26 are Male group and 25 are Female group. Data were collected from SMS Psychiatry Centre, Jaipur. Tools used for data collection are caregiver burden questionnaire developed by Kaur and Arora (2010), Perceived stress scale by Cohen (1983), Coping inventory by Carver and Scheier (1989). In this study 2x2 factorial design was adopted for analyzing data. The Result of this study showed there is significant difference between male and female on burden indicating higher burden on male parents. There is significant difference of stress between male and female parents indicating higher perceived stress on female parents. There is significant difference between male and female parents on coping indicating male parents are having good coping skills in comparison to female parents. The study concluded that male parents are getting more burden, female parents gets more stress and when concerned about coping male parents are good in coping strategies than female parents.

Keywords: *Burden, Stress, Coping, Intellectual disable*

Concept of Mental Retardation:

Mental retardation is perceived differently by different people, ranging from "*burdens to the family to productive members of the society*". Mental retardation is a subnormal state of intelligence. It is not an illness but a condition of poor development of the brain. Children who have this condition are called dull or mentally retarded. Though mental retardation is a condition, like visual or auditory disabilities, it is less understood or misunderstood because of its inconspicuous nature.

A mentally retarded person most often, looks normal without physical deformities and therefore people have difficulties in understanding why he or she acts and behaves differently from others.

¹Associate Professor (Clinical Psychology) Department of Psychiatry, Government Medical College and Hospital, Chandigarh.

²M.Phil Research Scholar, Amity University Rajasthan, Jaipur- 302002, Rajasthan.

Burden, Stress and Coping Strategies of Intellectually Disabled Children

Classification of Mental Retardation:

The two major classificatory systems ICD-10 and DSM-IV have classified mental retardation into four degrees of severity as shown in the table below-

Level of Retardation	I.Q. Level		Mental Age	Proportion of MR group percent
	DSM-IV	ICD-10		
Mild Mental Retardation	50-55 to approx. 70.	50-70	9-12 Yrs	85%
Moderate Mental Retardation	35-40 to 50-55	35-49	6-9 Yrs	10%
Severe Mental Retardation	20-25 to 35-40	20 to 34	3-6 Yrs	3% to 4%
Profound Mental Retardation	below 20 or 25	less than 20	Less than 3Yrs	Approx. 1% to 2%

DEFINITION OF DISABILITY

1. Jablensky et al. (1980): Disability may be defined as disturbances in performance of social roles that would normally be expected of an individual in the habitual milieu, arising in association with diagnosable mental disorder.

2. According to American association of Mental deficiency (1983), "Mental retardation can be defined as a significantly sub average general intellectual functioning, resulting or associated with concurrent impairment in adaptive behavior and is manifested during the developmental period"

3. World Health Organization (1980). "An impairment is an anatomical defect, or absence or loss of a specific psychological or physiological function that can arise from a disease or from an intrinsic pathological state".

- A disability is a restriction in the ability to perform a task or activity within the range normally expected or someone of the same age or level of maturity.

4. According to Persons with Disabilities (Equal Opportunities, Protection of Right and Full Participation) Act, 1995

a. "disability" means -

- Blindness;
- Low vision;
- Leprosy-cured;
- Hearing impairment;
- Locomotors disability;
- Mental retardation;
- Mental illness;

Burden, Stress and Coping Strategies of Intellectually Disabled Children

"Person with disability" means a person suffering from not less than forty per cent of any disability as certified by a medical authority (Singh, 2008).

Mental Retardation is a highly prevalent and highly disabling condition. It is generally considered that two percent of the Indian population constitutes persons with mental retardation. In India prevalence of mental retardation varies from 0.22 percent (ICMR, 1983) to 32.7 per thousand populations.

Methodology:

Objectives of Study:

1. To assess the level of burden of intellectually disabled children on parents.
2. To assess the level of stress of intellectually disabled children on parents.
3. To assess the coping of intellectually disabled children on parents.

Research Design:

This research was adopted 2x2 factorial design with 2 types of gender (male and female) and 2 types of education (graduation and post graduation)

Male (A1)		Female (A2)	
GRADUATION (B1)	POST- GRADUATION (B2)	GRADUATION (B1)	POST- GRADUATION (B2)
N=13	N=13	N=13	N=12

A1-Means Male

A2- Means Female

B1- Means Graduation

B2- Means Post-Graduation

Sample:

51 parents of mentally challenged children in which 26 were male and 25 were female. The study was conducted at the out patient department of S.M.S Psychiatry Centre, Jaipur. The samples were selected by purposive method.

Tools Used:

The following tools were used in the present study:

Burden, Stress and Coping Strategies of Intellectually Disabled Children

1. Caregiver burden questionnaire:

The caregiver burden questionnaire (Kaur and Arora, 2010) is a semi-structured based scale measure the burden associated with rearing such mentally handicapped children usually affects whole of atmosphere of home including routine family life, emotional aspects and financial resource of family. It is 52-items, questions and are rated four point likert scale ranging from 1-4, with higher scores representing severe burden. The internal consistency of the scale was calculated as the cronbachs alpha 0.70 or higher was considered as satisfactory and alpha .0.50 was considered as acceptable. Validity of caregiver burden refers to the presence of problems, difficulty or adverse event that affect the lives of significant others. objective burden used in context with physical burden of care consequent to behavioral changes of mentally ill individual and the social effect of their illness on caregivers daily life. Subjective burden refers to the emotional distress of the caregivers.

2. Perceived stress scale:

Perceived stress scale was developed by Cohen, (1983) which consisted of 10 items. Individuals are asked “In the last month, how often have you been upset because of something the happened unexpectedly?” “In the last month, how often have you felt nervous and “stressed”? Each item is rated on a 5 point scale ranging from 0-4, with higher scores indicating more perceived stress. Reliability: alpha = .78 , Validity: Correlates in a predicted way with other measure of stress . Score of 13 are considered average and 20 or higher are considered high stress , if it is in this range, it consider learning new reduction techniques as well as increasing exercise to at least three times a week.

3. Coping Inventory:

The multi-dimensional coping inventory has been developed by Carver, Scheier, & Weintraub. (1989) had 60 questions about combining scales into “problem-focused” and “emotion-focused” aggregates “overall” coping index. All questions are scored on a 4-point likert scale ranging from 1(I usually don’t do this at all) to 4(I usually do this a lot). Reliability internal consistency was indicated by the Cronbach’s alpha value ranging from .45 to .92, test-retest reliabilities ranging from .46 to .86, and strong evidence of discriminant and convergent validity, Internal consistencies ranged from 0.51 to 0.99. Scale was used to assess the different ways in which people respond to stress. This study measures conceptually distinct aspect of problem focused coping, emotional focused coping and association between dispositional and situational coping tendency. The 15 area of coping included in the scale are as follows: (1)Positive reinterpretation and growth ,(2) Mental disengagement ,(3).Focus on and venting of emotions ,(4)Use of instrumental social support,(5)Active coping,(6)Denial,(7)Religious coping,(8) Humor , (9)Behavioral disengagement ,(10)Restraint,(11) Use of emotional social support,(12) Substance use,(13) Acceptance ,(14)Suppression of competing ,(15) Activities Planning .

Burden, Stress and Coping Strategies of Intellectually Disabled Children

Procedure:

This study was conducted in the department of psychiatry, SMS Medical Hospital, Jaipur. It was 2x2 factorial designs with purposive sampling. It was conducted on 51 patients who had come to the OPD Services of Psychiatry Department of SMS medical Hospital Jaipur and where primarily diagnosed as suffering from mental retardation according to ICD- 10. Parents of such children fulfilling inclusion and exclusion criteria were selected for the study. Caregiver burden questionnaire, perceived stress scale and coping inventory was used on the parents of the mentally challenged person to assess the burden, stress and coping skills on them. The data thus recorded was analysed statistically.

Statistical Analysis:

Statistical Analysis was done using the statistical software namely Statistical Package of Social Sciences (SPSS-17.0).

Data Analysis was done by using mean, standard deviation. F test was used to assess the comparison the various variables used in study.

RESULT AND DISCUSSION:

Table-1 shows mean of age of both male and female parents of intellectually disabled children.

Age	Gender	N	Mean	SD
	Male	26	39.230	3.050
	Female	25	36.520	3.429

Table 1 shows the mean age of male parents is 39.230 with SD of 3.050 whereas the mean age of female parents is 36.502 with SD of 3.429.

Table-2.1, **ANOVA summary of burden with reference to gender and education (N=51).**

Source	Variables	S.S	F	M.S.	F-Value	Sig
A	Gender	971.432		971.432	37.335	0.01**
B	Education	23.187		23.187	.891	NS
AxB	Gender * Education	2.245		2.245	.086	NS
Error	Error	1222.917	7	26.020		
Total	Total	510618.000	1			

*P < 0.05 level, **P < 0.01 level, NS= Not Significant

Burden, Stress and Coping Strategies of Intellectually Disabled Children

Table-2.2 Difference between mean score of burden with reference to gender and education (N=51)

Independent Variable	N	Mean (M)	Difference between mean
Male	26	104.115	8.712
Female	25	95.400	
Graduation	26	100.00	0.76
Post Graduation	25	99.240	

Burden with reference to gender and education:

- When F test was applied to check the impact of gender on burden among parents of intellectually disabled children significant F value was found. The F value (Table 2.1) is 37.335 which is statistically significant ($p < 0.01^{**}$, $F = 37.335$). Table 2.2 reveals that the mean score of burden of parents of intellectually disabled children are 104.115 and 95.400 respectively and the difference between two is 8.712 which is very unnegligible. Hence the alternative hypothesis was maintained and it was concluded that there was significant impact of gender on burden which indicates male are more prone of having burden than female parents of intellectually disabled children.
- When F test was applied to check the impact of education on burden among parents of intellectually disabled children no significant F value was found. The F value (Table 2.1) is 0.891 which is statistically not significant. Table 2.2 reveals that the mean score of burden of Graduation and Post-Graduation parents of intellectually disabled children are 100.00 and 99.240 respectively and the difference between two is 0.76 which is very negligible. Hence the null hypothesis was maintained and it was concluded that there was no significant impact of education on burden.
- When F test was applied to check the impact of gender and education on burden no significant impact was found. The F value (Table 2.1) is 0.086 which is statistically not significant. Hence the null hypothesis was maintained and it was concluded that there was no significant interaction effect of gender and education on burden which indicates gender and education are not significantly contributing factors of burden.

Burden, Stress and Coping Strategies of Intellectually Disabled Children

Table-3.1, ANOVA summary of stress with reference to gender and education (N=51).

Source	Variable	Type III Sum of Squares	df	mean Square	F	Sig.
A	Gender	19.694	1	19.694	15.067	0.01**
B	Education	7.789	1	7.789	5.958	0.05*
AxB	Gender * Education	2.866	1	2.866	2.192	NS
Error	Error	61.436	47	1.307		
Total	Total	20611.000	51			

*P < 0.05 level, **P < 0.01 level, NS= Not Significant

Table 3.2, Difference between mean score of stress with reference to gender and education (N=51)

Independent Variable	N	Mean (M)	Difference between mean
Male	26	19.461	1.219
Female	25	20.680	
Graduation	26	19.692	0.748
Post Graduation	25	20.440	

Stress with reference to gender and education:

- When F test was applied to check the impact of gender on stress among parents of intellectually disabled children, significant F value was found ($P < 0.01^{**}$, $F=15.067$). The F value (Table 3.1) is 15.067 which is statistically significant. Table 3.2 reveals that the mean score of stress of parents of intellectually disabled children are 19.461 and 20.680 respectively and the difference between two is 1.219 which is very unnegligible. Hence the alternative hypothesis was maintained and it was concluded that there was significant impact of gender on stress which indicates female are more prone of having stress than male parents of intellectually disabled children.
- When F test was applied to check the impact of education on stress significant F value was found. The F value (Table 3.1) is 5.958 which is statistically significant ($P < 0.05^{*}$). Table 3.2 reveals that the mean score of stress of Graduation and Post-Graduation parents of intellectually disabled children are 19.692 and 20.440 respectively and the difference between two is 0.748 which is unnegligible. Hence the alternative hypothesis was maintained and it was concluded that there was significant impact of education on stress indicating Post-Graduate parents are more stress than Graduate parents.
- When F test was applied to check the impact of gender and education on stress no

Burden, Stress and Coping Strategies of Intellectually Disabled Children

significant impact was found. The F value (Table 3.1) is 2.192 which is statistically not significant. Hence the null hypothesis was maintained and it was concluded that there was no significant interaction effect of gender and education on stress which indicates gender and education are not significantly influence factor of stress.

Table 4.1 ANOVA summary of coping with reference to gender and education (N=51).

Source	Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
A	Gender	924.250	1	924.250	20.623	0.01**
B	Education	4.526	1	4.526	.101	NS
AxB	Gender * Education	80.821	1	80.821	1.803	NS
Error	Error	2106.385	47	44.817		
Total	Total	718428.000	51			

*P < 0.05 level, **P < 0.01 level, NS= Not Significant

Table 4.2, Difference between mean score of coping with reference to gender and education (N=51)

Independent Variable	N	Mean (M)	Difference between mean
Male	26	122.58	8.46
Female	25	114.12	
Graduation	26	118.62	0.38
Post Graduation	25	118.24	

Coping with reference to gender and education:

- When F test was applied to check the impact of gender on coping among parents of intellectually disabled children, significant F value was found ($P < 0.01$, $F = 20.623$) The F value (Table 4.1) is 20.623 which is statistically significant. Table 4.2 reveals that the mean score of coping of parents of intellectually disabled children are 122.58 and 114.12 respectively and the difference between two is 8.46 which is very unnegligible. Hence the alternative hypothesis was maintained and it was concluded that there was significant impact of gender on coping which indicates parents male are more good coping skills than female parents of intellectually disabled children.
- When F test was applied to check the impact of education on coping no significant F value was found. The F value (Table 4.1) is 0.101 which is statistically not

Burden, Stress and Coping Strategies of Intellectually Disabled Children

significant. Table 4.2 reveals that the mean score of coping of Graduation and Post-Graduation parents of intellectually disabled children are 118.62 and 118.24 respectively and the difference between two is 0.38 which is negligible. Hence the null hypothesis was maintained and it was concluded that there was no significant impact of education on coping.

- When F test was applied to check the impact of gender and education on coping no significant impact was found. The F value (Table 4.1) is 1.803 which is statistically not significant. Hence the null hypothesis was maintained and it was concluded gender and education are not significantly influencing factors of coping.

DISCUSSION:

The finding of the present study found significant impact of gender on burden which indicates male parents are more prone of having burden than female parents of intellectually disabled children. This may be because child care activities that promote children's social-emotional development were related to fathers' societal generativity or capability. This finding is supported by Keering et al. (2000) which explored fatherhood from an Eriksonian developmental perspective and proposed parenting as a key stimulus for fathers' societal generativity. Their findings indicated that child care was related to fathers' societal generativity but not to mothers. It also emphasize particular child care activities that promoted children's social-emotional development were related to fathers' societal generativity, whereas activities that promoted children's academic-intellectual development were related to mothers' societal generativity.

The result of this study found gender and education are not significantly contributing factors of burden. This finding is supported by the study of Wilson (2003) which found the equal rights of education of both male and female helps to remove burden in family.

The present study revealed significant impact of gender on stress which indicates female are more stress than male parents of intellectually disabled children. This finding is supported by (Peshawaria & Ganguli, 1995) Parents having a mentally retarded child experience a variety of 'psychological stress' related to the child's disability. Parents especially mothers need every help and encouragement possible in their difficult task, which indeed easier for them while the child is still a baby. An anxious love, on the part of the mother, may do much to exacerbate the defective's disability. (North Star High School, 1974).

The result of the study found significant impact of education on stress indicating Post-Graduate parents are having more stress than Graduate parents. This may be because they require to face more competition with colleagues in office and on the other side family are expected high from them. Supportively, Suldo et.al., (2009) parents of high education have been affected by heavy focus on acceptance into employment, to cope with a strenuous workload, high pressure family environment & internalization of high expectation from home and fellows.

Burden, Stress and Coping Strategies of Intellectually Disabled Children

Similarly, Crona et.al. ,(2009) found highly educated people are expected to handle many complicated stressor and also gave many responsibilities in office and home.

The study found no significant interaction effect of gender and education on stress indicating gender and education are not significantly influence on stress. The reason may be parents who are greatly satisfied with their jobs which in turn get low stress. Likewise, Barnett et al.(1995)found that positive experiences on the job & role of partner or family member support leads to low distress. (Barnett et al.1993; Barnett , Brennan & Marshal,1994).

The study found significant impact of gender on coping which indicates male are more good coping skills than female parents of intellectually disabled children. The reason may be males are busy in their responsibilities, official work and earning money as they are the only source of income for whole family. Supportively, Dubowitz and Bender (2007) found male as a source of income and handling their responsibilities with overall satisfaction which may lead to less emotional distress, social competence, less expression of negative emotionality such as fear & guilt and capacity for relatedness with other indicates the good mental health. Male approach the problems by using strategies which helps them to give support to resolve the conflict and solving it effectively in the best possible manner.

Likewise, Spillman and Pezzin (2000) found most caregivers are women who handle time-consuming and difficult tasks like personal care. But at least 40 percent of caregivers are men, a growing trend demonstrated by a 50 percent increase in male caregivers between 1984 and 1994. These male caregivers are becoming more involved in complex tasks like managing finances and arranging care, as well as direct assistance with more personal care.

The study identify no significant interaction effect of gender and education on coping which means gender and education are not significant factor of coping. The reason may be because coping depends on good mental health and the skills which the person has. This is supported by the Hinton and Earnest(2010) found that a number of women is use avoidance strategies who were lower level of self-esteem and life-satisfaction and those women who were high level of anxiety also indicates poor coping to those who has lower self-esteem ,life-satisfaction and anxiety.

CONCLUSION:

The Result of this study showed there is significant difference between male and female on burden indicating higher burden on male parents. There is significant difference of stress between male and female parents indicating higher perceived stress on female parents. There is significant difference between male and female parents on coping indicating male parents are having good coping skills in comparison to female parents. The study concluded that male parents are getting more burden, female parents gets more stress and when concerned about coping male parents are good in coping strategies than female parents.

LIMITATION & FUTURE DIRECTIONS

- Large population having equal representation of all categories of mental retardation should be included.
- Techniques used for better coping should be assessed so that other parents can also be benefitted.

REFERENCES:

- American association of Mental deficiency (1983). Classification in mental retardation. Retrieved from: <https://law.resource.org/pub/us/cfr/ibr/001/aamd.classification.1973.pdf> on 30/4/2015.
- Brannan, A.M., Heflinger, C. A., & Bickman, L. (1993). The caregiver strain questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, 5(4), 212-222.
- Barnett, T., DeLuca, D. A., & Allen, R. W. (1995) Religion and children with disabilities. *Journal of Religion and Health* . 34, 301-312.
- Bennett, T., DeLuca, D. A., & Allen, R. W. (1994) Religion and children with disabilities. *Journal of Religion and Health* . 34, 301-312.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Cohen, S. , Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.
- Crona, B., Wutich, A., Brewis, A., & Gartin, M. (2009). Perceptions of climate change: Linking local and global perceptions through a cultural knowledge approach. Retrieved from [www.urban-sustainability.rcn.org/.../crona et al 2013 climate change...](http://www.urban-sustainability.rcn.org/.../crona_et_al_2013_climate_change...) on 2/5/2015.
- Dubowitz, H., & Poole, G. (2012). Child Neglect: An Overview. Encyclopedia on Early Childhood Development. Retrieved from www.child-encyclopedia.com/Pages/PDF/Dubowitz-PoolANGxp1.pdf on 2/5/2015.
- Hinton, R. & Earnest, J. (2010). Stressor , Coping and Social Support among women in Papua New Guinea. *Quality health resource*, 20(2), 224-38
- Kaur, R., & Arora, H. (2010). Attitudes of Family Members Towards Mentally Handicapped Children and Family Burden. *Delhi Psychiatric Journal*, 13 (1), 70-74.
- ICMR (1983). In T. Madhavan; M. Kalyan; S. Naidu; R. Peshwaria & J. Narayan (contributors). *Mental Retardation: A manual for psychologist*. National Institute for the Mentally Handicapped (Under the Ministry of Social Justice & Empowerment, Government of India), Manovikas Nagar, P.O., Secunderabad-500009. Andhra Pradesh. India.
- Jablensky, A., Schwartz, R. & Tomov, T. (1980). WHO Collaborative study on impairment & disabilities in schizophrenic patient. *Indian Journal of Psychiatry*, 13(1), 47-53.
- Rajdeep Kaur, R., & Harish Arora, H. (2010). Attitudes of Family Members Towards Mentally Handicapped Children and Family Burden. *Delhi Psychiatric Journal*, 13(1), 70-74.
- Keering, M.C., & Kenneth, I. (2000). [Gender and Generativity Issues in Parenting: Do Fathers Benefit More Than Mothers From Involvement in Child Care Activities.](#) *Sex Roles* , 43 , 193-214

Burden, Stress and Coping Strategies of Intellectually Disabled Children

- North Star High School (1974). Yearbook: Boswell, Pennsylvania. Retrieved from <http://www.amazon.com/Reprint-1974-Yearbook-Boswell-Pennsylvania/dp/B0041FHQ98> on 2/5/2015.
- Peshwaria R & Ganguli R, (1995) Families having person with mental retardation Project Report, NIMH, Secunderabad- 500009.
- Singh , T.K. [Indla](#), V., & [Reddy,R](#). (2008). Impact of disability of mentally retarded persons on their parents. Indian Journal of Psychological Medicine, 30 (2), 98-104.
- Spillman, B.C, &Pezzin L.E. (2000). Potential and active family caregivers: Changing networks and the “sandwich generation.Milbank Mem Fund ;78:347–74.
- Suldo, S. M., Shaunessy, E., & Hardesty, R. (2009). Relationships Among Stress, Coping, And Mental Health In High-Achieving High School Students. Psychology in the Schools, 45(4), 273-290.
- Wilson (2003) .Human Rights. Promoting gender equality in and through education. Disability & Society, 26(4),83-94.
- WHO, (1980): International classification of impairments, disabilities and handicaps.Geneva,World health Organisation.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

Rohan Pillai¹

ABSTRACT:

The present study was undertaken to examine the differences in sense of humor, feeling of alienation and existential regret between elderly persons who lived at home and those who live in old age homes, and between those elderly who had faced spousal bereavement and those who had not. Data was collected from 120 elderly persons aged 60 and above. 30 elderly from old age home, 30 elderly living at their residence, 30 elderly who have faced spousal bereavement and 30 elderly who have not faced spousal bereavement. The Multidimensional Sense of Humor Scale, The Dean's Alienation Scale and The Multidimensional Existential Regret Inventory were used to measure sense of humor, feeling of alienation and existential regret respectively. Six t tests were used. After statistical analysis no significant differences were found in the sense of humor, feeling of alienation and existential regret between elderly living at home and those living in old age homes or between elderly who had faced spousal bereavement and those elderly who had not.

Keywords: *Old Age, Institutionalization, Spousal Bereavement, Humor, Alienation, Existential Regret.*

In the Oxford English Dictionary, humor is defined as “that quality of action, speech, or writing which excites amusement; oddity, jocularly, facetiousness, comicality, fun”, (Simpson and Weiner, 1989). Humor involves cognitive, emotional, behavioral, psycho physiological, and social aspects (Martin 2001). Humor has been shown to increase lung capacity, strengthen abdominal muscles, causes reductions in cortisol, growth hormones, and epinephrine and also leads to the release of endorphins in the brain, (Tse, et al 2010). In a laboratory study of pain tolerance using cold pressor stimulation, participants in the humor group had a significant increase in pain tolerance as compared to the other groups (Weisenberg, Tepper, and Schwarzwald 1995,).

¹LLB, MA (Applied Psychology), University of Mumbai, India.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

Ruch (1998a) has traced the etymology of “humor,” which originated in the classical Greek theory of four humors or bodily fluids (blood, phlegm, black bile, and yellow bile) that were thought to influence all aspects of bodily and psychic function and over time, humor came to refer to mood (a meaning still present when we speak of someone being in good or bad humor), and eventually it evolved into a connotation of wittiness, funniness, and laughableness, although not necessarily in a benevolent sense. (Martin 2003).

Over the years the ambit of accepted humor has evolved to include forms of humor like ridicule, social amusement, benevolent amusement, irony, satire and sarcasm. The ability to use and understand humor is generally considered as a sign of intelligence. Even in evolutionary terms, humor has gained importance in the complicated process of mate selection by showing itself to be one of the most desired traits in a potential mate.

Humor has been credited to be a healthy means of coping. Freud (1928), suggested humor to be a healthy coping mechanism. The way one appraises a problematic situation has a large influence on how one handles the situation. Adhering to an optimistic or a pessimist outlook to life has a noticeable impact on health, relationships and problem solving. Approaching stressful life situations with a healthy sense of humor allows the individual to assess the situation with a positive attitude. Humor has been described as producing a cognitive-affective shift or a restructuring of the situation so that it is less threatening, with a concomitant release of emotion associated with the perceived threat (Martin, 2003).

Relocation to an old age home and the death of a beloved spouse both involve severance of long term, lasting and meaningful ties. They are a few of the events that usually occur later in life that bring with them a sea of anxieties, insecurities and doubts. Effectively coping with them is very difficult and essential process.

Relocation to an Old Age Home

The Indian joint family system has traditionally provided natural social and psychological security to the old people. With the growing trend of the nuclear family system in India, has seen the rise of elderly populations living alone and thus factors like infirmity, coupled with an inability to self help has seen the rise both in the number of old age homes and institutionalized population. Loneliness and alienation it could be argued would be present in the elderly population both while living alone at home or when institutionalized. However some compounding factors have been observed once institutionalized.

Relocation to an old age home can produce several anxiety provoking and negative emotions as relocation incurs tremendous social, environmental and psychological change. These changes emerge from loss of contact, as they have likely been less mobile they have probably spent more time in their neighborhood than others, they will have to compromise on their lifelong living habits and patterns. Several studies have shed light on the psychological adverse effects of

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

relocation. Research by Lieberman found out that the mortality rate of the elderly increases by 10.5% when on a to be institutionalized waiting list and by 24.7% during the first year of institutionalization

Bereavement

Bereavement means the loss by death of a loved one such as a parent, child, spouse, or close friend. For the elderly bereavement often becomes a frequent emotion to experience. Assuming one has led a healthy social life, one creates a number of friends and acquaintances, with whom one is an emotional invested and who have aged together. The gradual and eventual passing away of spouse, friends and relations is a painful rupture of the emotional support system that one has created and maintained. The influence of bereavement on one's mental makeup is severe.

The threat of facing bereavement regularly is one facet of this stage of life that makes old age challenging and relocating to an old age home under such circumstances could be difficult. Thus adequately coping with the process of relocation and bereavement especially spousal bereavement is a difficult but an essential task to overcome smoothly. Improper mitigation of the stressors caused by relocation of bereavement may lead to negative cognitions and damage self belief and self esteem. These feelings often manifest themselves into feelings of alienation and existential regret.

Alienation

The term alienation means a condition of being estranged from someone or something. In social psychology alienation refers to a person's withdrawal from society. In old age a sense of alienation may result when one is not or believes he is not ready to accept the role given to him by his family or the society that are considered age appropriate, that might not be considered to be age appropriate according to him. Often loss of control or authority over one's life or extended family creates resentment and may lead to alienation.

Existential regret

Existential regret is defined as a profound desire to go back and change a past experience in which one has failed to choose consciously or has made a choice that did not follow one's beliefs, values, or growth needs and is characterized to involve feeling of both existential anxiety and existential guilt. Existential regret in old age can be a compilation of acts of omission that in hind sight one feels would have yielded a better consequence than one that the individual finds himself in right now. As a consequence of negative life events like spousal bereavement and major life changes like relocation to an old age home, factors like existential regret can disturb the psychological wellbeing of the individual severely.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

REVIEW OF LITERATURE

Researches by Dixon 1980; Martin et al.1993; Shurcliff 1968 have described humor as producing a cognitive-affective shift or a restructuring of the situation so that it is less threatening, with a concomitant release of emotion associated with the perceived threat (Abel, 2002.). Shurcliff 1968 researched on the qualities of humor in the reduction in physiological arousal. Lazarus and Folkman 1984 have proposed that humor may afford the opportunity for exploring cognitive alternatives in response to stressful situations and reducing the negative affective consequences of a real or perceived threat (Abel, 2002.).

Several researches have shown sense of humor to have the qualities of a coping mechanism and is also linked with both physical and psychological well being, (Thorson & Powell, 1993; Thorson, Powell, Sarmany-Schuller & Hampes, 1997; Folkman & Moskowitz, 2000).

Creecy Berg and Wright 1985 research has pointed out the contribution of physical and psychological losses that result from the change in character of economic status, physical living arrangements in the reduction of social networks and increasing amount of social isolation.

However a study, conducted by Mishra 2003, in an old age home in Kanpur, found that being engaged in various daily activities, being surrounded by same aged peers fostered positivity in the institutionalized elderly and the sample under their study did not experience loneliness

Research by Greaves and Farbus 2006 has shown that the level of social isolation and alienation to be 35% higher in institutionalized older adults than others their age.

A research conducted as early as 1967 associated bereavement with increased mortality. The research showed a 7-fold increase in mortality among bereaved spouses within the first year of their bereavement when compared with a control group. Rees W, Lutkins S 1967.

The grave implications of bereavement are brought out by the research of McAvoy that highlighted the effects of bereavement as a potential medical problem in the strict scientific sense the research also showed its potential to increase associations with morbidity and mortality and an increase in existential anxieties and regret, (McAvoy BR.1986).

Researches by Fredrickson, 2001; Fredrickson, Mancuso, Branigan & Tugade, 2000; Ong et al, 2004 show that while very little empirical research has examined positive aspects of the bereavement coping process and adjustment outcomes, there is some evidence that positive daily emotions among the bereaved can either regulate, moderate or protect against some of the negative psychosocial reactions associated with grief (Lund, et al 2008).

Research by Carstensen, Fung & Charles, 2003; Labouvie-Vief & Medler, 2002; Mroczek & Kolarz, 1998; Blanchard-Fields, 1997 has generated some evidence within the literature on emotional self regulation and the course of human development suggests that as adults age they often improve in affect optimization where they use positive emotions to reduce negative

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

emotions and the end result may increase their resiliency to losses, (Lund, et al 2008). In their research Ong and colleagues (2004) found that those who experienced daily positive emotions displayed reduced experiencing of daily stress and depressive symptoms. Keltner and Bonanno (1997) also reported that bereaved persons who engaged in full-laughter were more successful in emotionally distancing themselves from grief, (Lund, et al 2008).

Hill (2005) suggests that being able to cultivate positive emotional states may be an intrapersonal resource that facilitates resilient coping in widowhood, (Lund, et al 2008).

Kuiper et al. (1993) also found the use of humor as a coping mechanism was positively correlated with the distancing and confrontive coping subscales of the Ways of Coping Scale indicating both emotion-focused and problem-focused aspects for dealing with stress, (Abel, 2002)

PURPOSE

To study the differences in the sense of humor, feeling of alienation and existential regret between the elderly living at home and those who live in old age homes, and also between those elderly who had faced spousal bereavement and those who had not.

METHODOLOGY

Hypotheses

1. There is no difference in the sense of humor between the elderly who live at home and those who reside in old age homes.
2. There is no difference in the sense of alienation between the elderly who live at home and those who reside in old age homes
3. There is no difference in the level of existential regret between the elderly who live at home and those who reside in old age homes.
4. There is no difference in the sense of humor between the elderly who have faced spousal bereavement and those who have not.
5. There is no difference in the sense alienation the elderly who have faced spousal bereavement and those who have not.
6. There is no difference in the level of existential regret between the elderly who have faced spousal bereavement and those who have not.

OPERATIONAL DEFINITION OF VARIABLES

INDEPENDENT VARIABLES

1. Dwelling place:

a – Home.

b – Old Age Home.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

2. Spousal bereavement:

- a – Yes.
- b – No.

DEPENDENT VARIABLES

1. Sense of humor.
2. Feeling of alienation.
3. Level of built up existential regret.

CONTROL VARIABLES

1. The respondents were all above sixty years of age
2. Respondents in from old age home had spent a minimum of one year in the institution.
3. The respondents in the spousal bereavement group had been single for over one year.

Sample

The sample consisted of 120 elderly persons aged 60 and above. 30 elderly from old age home, 30 elderly living at their residence, 30 elderly who have faced spousal bereavement and 30 elderly who have not faced spousal bereavement. (45 Females, 75 Males). The ages of the respondents ranged from 60 years to 92 years of age.

Tools used

1. The Multidimensional Sense of Humor Scale

The Multidimensional Sense of Humor Scale (MSHS; Thorson and Powell 1993) is a self-report measure of overall sense of humor composed of 24 statements assessing different aspects of humor including the use of humor as a coping mechanism, using humor, and recognizing and appreciating humor. Respondents indicate the degree to which each statement applies to them using a scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scores are summed with higher scores indicating a better sense of humor. The internal reliability of the scale in this sample was .97 (Cronbach alpha).

2. The Dean's Alienation Scale.

The Dean's Alienation Scale consists of three subscales to measure powerlessness, normalness and social isolation. It combined these subscales to make up an alienation scale. It consists of 24 items, of which 9 measure powerlessness, 6 normalness and 9 items measure social isolation. The reliability coefficients found out by the split half method for the powerlessness subscale have been reported to be .78, for the normalness subscale to be .73, and for the social isolation subscale to be .84. The correlation coefficients among three subscales range from .81 to .91

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

suggesting that it is quite feasible to consider the subscales as belonging to the same general concept. The total alienation scale has a reliability of .78. (Sharma, Uma 1980)

3. The Multidimensional Existential Regret Inventory

The Multidimensional Existential Regret Inventory by Samantha White & Gary T. Reker (2007) is a 35 item 7 point Likert type scoring inventory. The MERI consists of five factorially derived dimension of existential regret. Inner Struggle (11 items, alpha coefficient = .91). Limits on Experience (4 items, alpha coefficient = .72). Neglecting Others (8 items, alpha coefficient = .89). Self-Deprecation (7 items, alpha coefficient = .86). Undoing the Past (5 items, alpha coefficient = .84). Total Alpha coefficient of the Multidimensional Existential Regret Inventory is .95.

Procedure

The researcher visited old age homes in Mumbai to acquire the samples for the old age home group. Three old age homes were identified and permission was obtained from the management to approach the residents. The researcher individually interviewed each participant in private and confidentiality and objectivity was ensured. No names or other personal information was recorded. The population falling in the group of residing at own residence and those facing spousal bereavement were acquired through availability. Three scales were administered to 120 subjects. The scales were administered in English, and when in doubt the researcher aided the subjects to understand the instrument. It took the researcher three months to complete the process of data collection.

Statistical Analysis

1. t test.

RESULTS

T – tests were conducted to examine the differences between sense of humor, sense of alienation and levels of existential regret between elderly in old age homes (institutionalized) and elderly at residing at home.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

Table 1: Comparative analysis of the scores obtained on the Multidimensional Sense of Humor Scale (MSHS), by elderly living at home and the elderly living in old age homes.

ELDERLY AT HOME		ELDERLY IN OLD AGE HOMES	
Total = 1631.1	N = 30	Total = 1550.1	N = 30
Mean =54.37	SD = 9.62	Mean =51.67	SD = 7.35
Range - 69 – 36 = 33		Range - 69 – 40 = 29	
t (58)= 0.23, n.s			

No significant difference was found between the two groups on the sense of humor, where for institutionalized elderly group ($\bar{x}$ =51.67, σ =7.35) and non institutionalized elderly group ($\bar{x}$ =54.37, σ =9.62) conditions; t (58)= 0.23, n.s. These results suggest that both groups exhibit similar levels of a sense of humor.

Table 2: Comparative analysis of the scores obtained on the Dean Alienation Scale (DAS), by elderly living at home and the elderly living in old age homes.

ELDERLY AT HOME		ELDERLY IN OLD AGE HOMES	
Total = 2232.9	N = 30	Total = 2151.9	N = 30
Mean =74.43	SD =12.98	Mean =71.73	SD = 9.28
Range - 103 – 55 = 48		Range - 90 – 53 = 37	
t (58)= 0.36, n.s			

No significant difference was found between the two groups on the sense of alienation, where for institutionalized elderly group ($\bar{x}$ =71.73, σ =9.28) and non institutionalized elderly group ($\bar{x}$ =74.43, σ =12.98) conditions; t (58)= 0.36, n.s. These results suggest that both groups exhibit relatively similar feelings of alienation.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

Table 3: Comparative analysis of the scores obtained on the Multidimensional Existential Regret Inventory (MERI), by elderly living at home and the elderly living in old age homes.

ELDERLY AT HOME		ELDERLY IN OLD AGE HOMES	
Total= 4067.1	N= 30	Total = 4140.9	N = 30
Mean= 135.57	SD= 21.12	Mean = 138.03	SD = 26.89
Range - 206 – 83 = 123		Range - 172 – 91 = 81	
t (58)= 0.71, n.s			

No significant difference was found between the two groups on the level of existential anxiety, where for institutionalized elderly group ($\bar{x}$ =138.03, σ =26.89) and non institutionalized elderly group ($\bar{x}$ =135.57, σ =21.12) conditions; t (58)= 0.71, n.s. These results suggest that both groups exhibit similar levels of existential regret.

T test, were also conducted to examine the differences between humor, sense of alienation and levels of existential regret between elderly who have undergone spousal bereavement and those elderly who have not undergone spousal bereavement.

Table 4: Comparative analysis of the scores obtained on the Multidimensional Sense of Humor Scale (MSHS), by elderly who have faced spousal bereavement and those who have not.

SPOUSAL BEREAVEMENT GROUP		NON SPOUSAL BEREAVEMENT GROUP	
Total= 1566.9	N= 30	Total = 1593.9	N = 30
Mean= 52.23	SD= 9.28	Mean = 53.13	SD = 9.58
Range - 69 – 40 = 29		Range - 65 – 30 = 35	
t (58)= 0.71, n.s.			

No significant difference was found between the two groups on the sense of humor, where for the spousal bereaved group ($\bar{x}$ =52.23, σ =9.28) and non spousal bereavement group ($\bar{x}$ =53.13, σ =9.58) conditions; t (58)= 0.71, n.s. These results suggest that both groups are relatively similar in their utilization and appreciation of a sense of humor.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

Table 5: Comparative analysis of the scores obtained on the Dean Alienation Scale (DAS), by elderly who have faced spousal bereavement and those who have not.

SPOUSAL BEREAVEMENT GROUP		NON SPOUSAL BEREAVEMENT GROUP	
Total= 2139.9	N= 30	Total = 2184	N = 30
Mean= 71.33	SD= 8.01	Mean = 72.80	SD = 10.76
Range - 80 – 52 = 28		Range - 103 – 50 = 53	
t (58)= 0.55, n.s.			

No significant difference was found between the two groups on the sense of alienation, where for the spousal bereaved group ($\bar{x}$ =71.33, σ =8.01) and non spousal bereavement group ($\bar{x}$ =72.80, σ =10.76) conditions; t (58)= 0.55, n.s. These results suggest that both groups exhibit relatively similar feelings of alienation.

Table 6: Comparative analysis of the scores obtained on the Multidimensional Existential Regret Inventory (MERI) by elderly who have faced spousal bereavement and those who have not.

SPOUSAL BEREAVEMENT GROUP		NON SPOUSAL BEREAVEMENT GROUP	
Total= 3909	N= 30	Total = 4008	N = 30
Mean= 130.3	SD= 26.89	Mean = 133.6	SD = 28.41
Range - 179 – 91 = 88		Range - 188 – 89 = 99	
t (58)= 0.97, n.s			

No significant difference was found between the two groups on the level of existential anxiety, where for the spousal bereaved group ($\bar{x}$ =130.3, σ =26.89) and non spousal bereavement group ($\bar{x}$ =133.6, σ =28.41) conditions; t (58)= 0.97, n.s. These results suggest that both groups exhibit similar levels of existential regret.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

DISCUSSION

The hypothesis that there is no difference in the sense of humor between elderly who live at home and those who reside in old age homes cannot be rejected based on the results. One reason of this finding could be that a large number of respondents in the institutionalized group had relocated to an old age home on their own will, and had stated during pre scales administration interview that they enjoyed more independence and autonomy in the old age home than back at their home.

The results fail to reject the hypothesis of no difference in the sense of alienation between elderly who live at home and those who reside in old age homes. The institutionalized elderly did not display higher feeling of alienation as compared to non institutionalized elderly as was observed by Greaves and Farbus (2006) in their study. The institutionalized samples for this study were drawn from old age homes that encourage group activities and frequent family visits and had also incorporated sessions of group and laughter in their daily routine. This might have contributed towards the lower feeling of alienation.

The hypothesis that there is no difference in the level of existential regret between elderly who live at home and those who reside in old age homes cannot be rejected on the basis of the results. It is often the case that many older people may live in their homes with very few contacts with the society and health care services. Therefore, their relocation to an old age home and their identification with other in the same plight might give them hope, this might be one cause of lowered feeling of alienation and existential regret in the institutionalized group. It is pointed out by Findley 2003, and also Cattani et al. 2005 that group interventions aimed at alleviation of loneliness and alienation seem to be more promising than interventions targeted at individuals

The hypothesis of no difference in the sense of humor between elderly who have undergone spousal bereavement and those who have not, cannot be rejected on the basis of the found results. Both groups displayed above average scores in humor. In this research a large number of individuals who had faced spousal bereavement lived in joint families and had not lost any significant other in the past year. Also in both the bereavement and non bereavement groups the respondents had an active social life with several of them engaging in recreational activities. Many were members of sports clubs. The individuals from both the groups had a relatively large social network. These factors might have contributed to the findings.

The data failed to reject the hypothesis that, there is no difference in the sense alienation elderly who have faced spousal bereavement and those who have not, as such the null hypothesis was retained. These findings could be the result of a strong family support of the Indian culture during bereavement, as most of the samples in the study still were living with other family members. The findings could also be attributed to the findings that, feelings of loneliness and alienation are often experienced as shameful, and older people may also fear being or becoming a burden. Thus, they are reluctant to admit them (Killeen 1998, McInnis & White 2001.)

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

The results failed to reject the hypothesis that there is no difference in the level of existential regret between the elderly who have faced spousal bereavement and those who have not. The results do not support the findings of McAvoy 1986 as heightened morbidity and existential regret found in his study were not replicated in the present study. These findings can also be attributed to the large social network of the respondents in both the groups and also to the fact that they live in joint families and were active in social and household activities. Fiori and her colleagues (2006) pointed out that individuals have different social networks and that each has a different effect on health. The different roles that each person plays parent, child, co-worker, churchgoer, introduce them to different networks that help them to feel socially connected and improve their sense of well-being (Population Reference Bureau).

CONCLUSION

The results of this study show that the differences in the sense of humor, feeling of alienation and of existential regret between the elderly living at home and the elderly living in old age homes were marginal and not significant. While relocation to an old age home can produce several anxiety provoking and negative emotions as relocation incurs tremendous social, environmental and psychological change, the findings from this study failed to indicate the impact of relocation on sense of humor feeling of alienation and existential regret. A large number of respondents were institutionalized by free will, and had options to reside elsewhere. It remains for future researches to study the phenomena of relocating to an old age home by choice in the India.

The study did not bring out significant differences in the sense of humor, feeling of alienation and levels of existential regret between the elderly who have faced spousal bereavement and those who have not faced spousal bereavement. A healthy social network and a joint family unit were the most influential factors towards these findings in both the groups.

LIMITATIONS

1. The sample size was small.
2. Baselines for sense of humor, alienation and existential regret were not considered
3. Interaction effects were not studied.
4. Physical ailments of the sample were not considered.
5. Quality of life before relocation, in the old age home group, and marriage satisfaction before spousal bereavement in the spousal bereavement group were not considered.
6. This study was only conducted on elderly people in Mumbai thus it difficult to determine whether these results are truly representative of the nation's elderly people.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

SUGGESTIONS

1. Future research can explore the relationship of humor on feeling of loneliness and quality of life.
2. Research can be carried on as to why in a large population like India that provides opportunity to form social networks an increasing number of elderly are opting to relocate to old age homes.
3. The cognitive abilities of the elderly in relation to their sense of humor is another area that can be investigated.
4. Other methods of assessing humor may be utilized like the The Situational Humor Response Questionnaire (Martin and Lefcourt 1984) that allows for the assessment of the individual's capacity to respond to a variety of situations, or The Cartoon Punch line Production Test CPPT, (Köhler and Ruch 1993) that assesses the individual's quantitative and qualitative humor creation abilities.

REFERENCES

- Abel, M.H., 2002. Humor, stress, and coping strategies. *Humor: International Journal of Humor Research*.
- Allport, G. W. (1961). *Pattern and growth in personality*. New York: Holt, Rinehart & Winston.
- Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and society*, 25(01), 41-67.
- Craik, K. H., & Ware, A. P. (1998). Humor and personality in everyday life. In W. Ruch (Ed.), *The sense of humor: Explorations of a personality characteristic* (pp. 63-94). New York: Mouton de Gruyter.
- Creecy, R.F, Berg, W.E, Wright, R. Loneliness among the elderly: A causal approach. *J. Gerontol*. 1985.
- Freud, S. (1928) Humour. *International Journal of Psychoanalysis*.
- Dixon, Norman F. 1980 Humor: A cognitive alternative to stress. In Spielberger, C. D. and I. G. Sarason (eds.), *Anxiety and Stress*, Vol. 7. Washington, DC: Hemisphere.
- Robyn A. Findlay (2003). Interventions to reduce social isolation amongst older people: where is the evidence?. *Ageing and Society*, 23, pp 647-658. doi:10.1017/S0144686X03001296.
- Folkman S, Moskowitz JT *Am Psychol*. 2000.
- Freud, S. (1928) Humour. *International Journal of Psychoanalysis*.
- Goldstein & P. E. McGhee (Eds.), *The psychology of humor: Theoretical perspectives and empirical issues*. New York: Academic Press.
- Greaves, C.J., & Farbus, L. (2006). Effects of creative and social activity on the health and well-being of socially isolated older people: Outcomes from a multi-method observational study. *Journal of the Royal Society of Health*.

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

- Henderson, A. S., R. Scott, and D.W. Kay. 1986. "The Elderly Who Live Alone: Their Mental Health and Social Relationships." *Australian & New Zealand Journal of Psychiatry*.
- J. A. Simpson and E. S. C. Weiner, Eds., *The Oxford English Dictionary*, Clarendon Press, Oxford, UK, 2nd edition, 1989.
- Kuiper, N. A., & Martin, R. A. (1998). Is sense of humor a positive personality characteristic? In W. Ruch (Ed.), *The sense of humor: Explorations of a personality characteristic*. New York: Mouton de Gruyter.
- Kuiper, N. A., Martin, R. A., & Olinger, L. J. (1993). Coping humour, stress, and cognitive appraisals. *Canadian Journal of Behavioural Science*.
- Lazarus, Richard S. and Susan Folkman 1984 *Stress, Appraisal, and Coping*. New York: Springer.
- Lefcourt, H. M. (2001). *Humor: The psychology of living buoyantly*. New York: Kluwer Academic.
- Lieberman, M., Tobin, S., & Slover, D. (1971). The effects of relocation on long-term geriatric patients. (Final Rep. Proj. No. 17-1328). Illinois Dept. of Health & Committee on Human Development, Univ. Chicago, Chicago, 1971.
- Lund, D. A., Utz, R., Caserta, M. S., & de Vries, B. (2008). Humor, Laughter & Happiness in the Daily Lives of Recently Bereaved Spouses. *Omega*, 58(2), 87.
- M. Weisenberg, I. Tepper, and J. Schwarzwald, "Humor as a cognitive technique for increasing pain tolerance," *Pain*, vol. 63, no. 2, 1995.
- Martin R. Humor, laughter, and physical health: methodological issues and research findings. *Psychol Bull.* 2001.
- Martin, R. A. (2003). Sense of humor. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures*. Washington, DC: American Psychological Association.
- Martin, R.A., Puhlik-Doris, P., Larsen, G., Gray, J., Weir, K., 2003. Individual differences in uses of humor and their relation to psychological well-being: development of the Humor Styles Questionnaire. *Journal of Research in Personality*.
- Martin, Rod A. and Herbert M. Lefcourt 1983 Sense of humor as a moderator of the relation between stressors and moods. *Journal of Personality and Social Psychology*.
- Martin, Rod A., Nicholas A. Kuiper, L. Joan Olinger, and Kathryn A. Dance 1993 Humor, coping with stress, self-concept, and psychological well-being. *Humor: International Journal of Humor Research*.
- Mimi M. Y. Tse, Anna P. K. Lo, Tracy L. Y. Cheng, Eva K. K. Chan, Annie H. Y. Chan, and Helena S. W. Chung, "Humor Therapy: Relieving Chronic Pain and Enhancing Happiness for
- Mc Avoy, B.R. (1986). Death and bereavement, *British Medical Journal*.
- Mishra, A.J., A Study of Loneliness in an Old Age Home in India: A case of Kanpur. *Indian Journal of Gerontology*. 17 (1&2). (2003).

A Study of the Effect of Institutionalization and Spousal Bereavement on the Sense of Humor, Feeling of Alienation and Existential Regret in the Elderly

- Nezu, A. M., Nezu, C. M., & Blissett, S. E. (1988). Sense of humor as a moderator of the relation between stressful events and psychological distress: A prospective analysis. *Journal of Personality and Social Psychology*.
- Older Adults,” *Journal of Aging Research*, vol. 2010, Article ID 343574, 9 pages, 2010. doi:10.4061/2010/343574
- Ong AD, Bergeman CS, Bisconti TL. The role of daily positive emotions during conjugal bereavement. *Journal of Gerontology: Psychological Sciences*. 2004.
- Population Reference Bureau Today’s Research on Aging | No. 17 | June 2009
- Rees, W. D. , & C. G. Lutkins. Mortality of bereavement. *British Medical Journal* . 1967.
- Ruch, W. (1992). Assessment of appreciation of humor: Studies with the 3 WD humor test. In C. D. Spielberger & J. N. Butcher (Eds.), *Advances in personality assessment* (Vol. 9) Hillsdale, NJ: Erlbaum.
- Seligman, M.E.P., 2005. Positive psychology, positive prevention, and positive therapy. In: Snyder, C.R., Lopez, S.J. (Eds.), *Handbook of Positive Psychology*. Oxford University Press, Oxford.
- Shurcliff, Arthur 1968 Judged humor, arousal, and the relief theory. *Journal of Personality and Social Psychology*.
- Suls, J. M. (1972). A two-stage model for the appreciation of jokes and cartoons. In J. H. Goldstein & P. E. McGhee (Eds.), *The psychology of humor: Theoretical perspectives and empirical issues*. New York: Academic Press.
- Svebak, S. (1996). The development of the Sense of Humor Questionnaire: From SHQ to SHQ-6. *Humor*, 9.
- Thorson JA, Powell FC *J Clin Psychol*. Development and validation of a Multidimensional Sense of Humor Scale. 1993.
- Thorson, J. A., Powell, F. C., Sarmany-Schuller, I., & Hampes, W. P. (1997). Psychological health and sense of humor. *Journal of Clinical Psychology*.
- Van Baarsen, B., T. A. B. Snijders, J. H. Smit, and M. A. J. van Duijn. 2001. “Lonely But Not Alone: Emotional Isolation and Social Isolation as Two Distinct Dimensions of Loneliness in Older People.” *Educational and Psychological Measurement*.

Effects of Happiness on Mental Health

Dr. Gopal Chandra Mahakud¹, Ritika Yadav²

ABSTRACT:

The concept of mental health comprised to the health conditions of people without suffering any mental or psychological problem such as stress, depression, anxiety and other form of psychic disorders. In this regard it can be said that no one is free from and psychological, psycho-physical and psycho-social disorders from which we can derive that no one mentally healthy. But the concept of mental health defined free from the disorders those are prolonged and panic in nature. As the concept of mental health is subjective in nature, it varies from person to person. Besides free from the disorders, a person should pose some of the other positive characteristics to deal with the society effectively. Marry (1958) stated that, a person can be considered mentally healthy with the following characteristics such as (a) Positive attitudes toward himself/herself; (b) Realization of own potentialities through action; (c); Unification of in personality; (d) Degree of independence of social influences; (e) observations of the world around; and (f) Positive adapts to everyday life. Briefly, it can be said that positive mental health of the person make able to an individual to stand on his own two feet without making undue demands or impositions of others. In this regard the role of happiness in day to day life can make the individual more skilled to fight with different mental disorders. The present article is intended to find out the effects of happiness in day to day life in a social situation to deal with different mental disorders to make the individual mentally healthy and prosperous in life.

Keywords: *Happiness, Positive mental health, Stress, Depression, Anxiety, Panic disorder*

The concept of positive psychology stands on the concept different mental process especially for human. It stated that most of the people first think positive or think more positive and less negative. The positive domains of human psychology were earlier dominated by the domains of negative concept and psychology initially started with the concept of different mental problems and disorders. During the initial time of clinical psychology, and its role in dealing different problem of human life started searching to find out the negative causes related to life those are also responsible for disruptive behavior or maladjusted behavior. In this regard, very recently the contribution of Martin Seligman and his colleagues started to search the effects of positive attributes of human behavior which can make the people more positive, healthy, peaceful and long-lived.

¹Assistant Professor, Department of Applied Psychology, University of Delhi, South Campus, New Delhi

²M. A. Student, Department of Applied Psychology, University of Delhi, South Campus, New Delhi

Effects of Happiness on Mental Health

In this regard the present article intends to find out some of the mental health problems, mental disorders and how happiness can be helpful to deal effectively with different mental problems and disorders and to lead a healthy and prosperous life.

Mental Health: All though the concept of mental health in India is not so popular is, still, most of the people in India, especially from cities are conscious about the concept of mental health. In other words, it can be said that earlier people were more concerned about their physical health and also believed that physical health only have the relationship with mental health such as happiness, means if someone will be physically healthy, the person is happy. Some concept also come from the Socio Economic status of the people, means if some are wealthy, the person is happy or living happily. Although the history of mental health is too old in western countries, the concept is still new in India. According to World Health Organization (WHO) “A healthy mind can represent a healthy body”. From this importance of mental health of WHO and some of the other health sector organization and now days numbers of initiatives have been taken by the Government if India, Non-Governmental Organization, and other social bodies to deal various hindrances related to mental problems and mental disorders. In this regard numbers of psychologist, psychiatrist, sociologist and other professional have been working to maintain the society healthier by keeping in mind especially the mental health issues, still very few people have done the work in relation to happiness and its relation to different mental disorders. Further mental health can be defined as the pleasant state of psychological health or a state of mind without any mental disorders. In the other hand it can be said that psychological wellbeing is the state of mind where people are satisfied in, psychological, psychosocial and psychophysiological day to day life. In this context, the world health organization definition of can be illustrated. According to World Health Organisation (WHO) wellbeing is mostly subjective in nature and it is the condition includes subjective wellbeing, perceived self-efficacy, autonomy, competence, intergenerational dependence and self-actualization of one’s intellectual and emotional potential.

Happiness: Positive psychology cannot be fulfilled without the discussion of Happiness, the main concern about the mental health. The introduction of positive psychology is not very old concept. In the year of 2000, Martin Seligman became president of the APA. He is the first person founded positive psychology, which is more popular worldwide today. The common theme of positive psychology talks about the positive emotions such as happiness, pleasure, well-being, joy, delighted and so on against some of the traditional concept such as depression, anxiety, stress anger, etc especially clinical psychology clinical psychology stands on. Happiness is a holistic ideal and a fundamental object of human existence, this regard, the World Health Organization is increasingly emphasizing happiness as a component of health. Happiness is a pleasurable and satisfying experience or it is a state of well being characterized by emotions ranging from contentment to intense joy. Happiness may produce a pleasant mood, positive emotions, well being and positive attitudes towards self and other.

Effects of Happiness on Mental Health

Happiness and Social relationships: close relationships are central to people throughout their lives (Baumeister & leary, 1995). Some of the researchers (e.g. Argyle; 2001; Campbell, Converse, & Rodgers, 1976) affirmed that social relationships have long been considered one of the strongest and most important predictors of happiness. The most important question in this concern is to say that whether happiness is subjective or objective. In many researches, especially in relationship studies happiness have been discussed as the Subjective Well-Being (SWB) where it can be said that happiness is not a constant criteria for every individual (Diener, 1984; Diener et. al., 1999). In other words it can be said that happiness is a different concept for person to person.

The works of (Watson, 1930; Wilson, 1967; and Diener 1984) explored the role of various types and dimensions of close relationships and its relation to happiness. Similarly Argyle, (2001); Diener & Biswas Diener, (2008) stated that happiness can be predicted from the point of attachment security, social support, and overall relationship quality. These findings have been observed across samples, age groups, research methods, and cultures. Secondly, although close relationships are consistent correlates with happiness, research shows that the quality – a pattern replicated across age and cultural groups. In their views they also stated that personality type and happiness have close relationship therefore some people are happy with relationship where as other are contradictory.

Happiness and Freedom: The relationship of freedom and happiness is quite positive in nature. Freedom may be defined as the action; people do according to their own wish. But it is important to say that, freedom leads to more happiness when it is followed by the social norms and regulations. In some of the cases it is seen that a wise choice leads to great happiness than to taking any decision following the physical and short term pleasure. Therefore it can be said that, a wise freedom can ensure long-term happiness and is thus far more valuable than a short-term comfort such as safety. In this regard Benjamin Franklin (1818), one of the great proponents of freedom, stated that “They, who can give up essential liberty to obtain a little temporary safety, deserve neither liberty nor safety”. From the statement of Benjamin Franklin, it can be said that taking the original meaning of freedom and liberty can give more pleasure and happiness to the individual in society.

Positive Emotions and its Relation to Happiness: According to attachment theory of Bowlby (1973), it can be stated that person who are more interactive and have the strong feelings of attachment with the person effectively in the society leads to happiness than to. In this regard there is a strong association between attachment patterns and the experience of positive emotions. It is believed that by imparting a sense of safety and security, interactions with available and supportive attachment figures alleviate distress and evoke positive emotions such as relief, love and gratitude. With repeated positive interactions, the sense of attachment security gradually becomes associated in a person's mind with memories of positive experiences and emotions. As a result, the evocation of mental representations of attachment security by either

Effects of Happiness on Mental Health

external or internal stimuli for example the presence of a supportive other, visualizing the face of an attachment figure automatically causes a person to feel more relaxed, relieved, loved, and happy (Mikulincer & Shaver, 2007a)

Further using well-validated priming techniques, Mikulincer, Hirschberger, Nachmias, and Gillath (2001) provided experimental evidence for the hypothesized link between attachment security and positive emotion. Measures of attachment anxiety and avoidance have also been correlated with measures of positive affect (e.g., Gilbert et al., 2008; Shiota, Keltner, & John, 2006). For example several studies have used the Positive and Negative Affect Schedule (PANAS), finding that attachment anxiety and avoidance are associated with lower positive affect scores. Similar associations have been observed in studies examining positive emotions during daily social interactions tracked over one or more weeks. Positive emotion and its relation to different types of attachment have found in many studies. For example, Sonnby-Borgstrom and Jonsson (2003) exposed people to pictures of happy and angry faces, assessed the activity of the participants' smile and frown muscles, and found that attachment-anxious individuals had more active "frown" muscles when viewing either happy or angry faces.

Attachment patterns and the psychological consequences of positive emotions: The psychological consequences of positive emotions are moderated by attachment orientations and are more likely to be found among people who score high on attachment security i.e. low on anxiety and avoidance. Attachment patterns are systematically related to general psychological well-being, positive emotions in the context of close relationships, emotional reactions and the consequences of positive emotions. Moreover, the effects of attachment patterns are consistent across samples and research methods and can be generalized across cultures (Shaver et al., 2010).

Negative emotions vs positive emotions and its relation to Happiness: Negative emotions are more noticeable. Although for every negative emotion we may find a corresponding positive emotion, negative emotions are more differentiated than positive emotions. It is common to say that, there are many ways to describe negative emotions but very few ways are there through which the positive emotions can be described. Even in many culture and societies, it is quite difficult to define positive emotion but it is very easy to define negative emotions. The traditional psychological concept focused more in negative attributes and less to the positive attributes. But we can deny that positive emotions have more intensive effect on human life than to negative emotions. Still, there is little doubt then that love is both more noticeable and powerful in our everyday life. The risks of responding inappropriately to negative events are greater than the risks of responding inappropriately to positive events, since negative events can kill us while positive events will merely enhance our well-being. In this regard it can be said that in most of the cases it is observed that there is a negative relationship exist between negative emotions and the happiness. In other words it can be said that people having negative emotions are less happy than to the people having positive emotions.

Effects of Happiness on Mental Health

People having positive emotions are typically considered themselves to be happy. The majority of people see themselves as above-average as far as most of their qualities are concerned and they rate their happiness as more than one-third above the middle of the scale. This means that our baseline is above average in the positive realm. A major advantage of such a rating is that it has motivational value, which is important in coping with our surroundings and which produces a strong immune response to infections. While sad and pessimistic people can better perceive and understand their environment, happy and optimistic people can better cope with their environment. In this regard Nico Frijda has suggested what he calls “The law of Hedonic Asymmetry” which states that pleasure is always contingent on change and disappears with continuous satisfaction, whereas pain may persist under persisting adverse conditions. Frijda further explains that emotions exist in order to signal situations in the world that require a response. Since in his view positive circumstances do not need a specific response, the emotional signaling system can be switched off.

The more noticeable nature of negative emotions does not imply that their impact on our life is greater. This issue is connected to our general view of human beings, and there are conflicting views on this matter. Thus, Spinoza argues: “A desire that arises from joy is stronger, other things being equal, than one that arises from sadness. “Spinoza connects this contention to his assumption that the very essence of a person is a striving to persevere in his being. Similarly, while Adam Ferguson claims that “pain, by its intenseness, its duration, or frequency, is greatly predominant”. He thinks that “love and compassion are the most powerful principles in the human breast. “ Ferguson believes that positive emotions are more compatible with our basic positive disposition toward others. Descartes’ view is different: “Sadness is in some way primary and more necessary than joy, and hatred more necessary than love.”

While an empirical investigation might determine whether negative emotions are more noticeable, it is more difficult to verify empirically which type of emotion has a greater impact on our life. However, in this issue I tend to agree with Spinoza and Ferguson.

To sum up, negative emotions are more noticeable than positive ones since attending to negative events is more important for our survival than attending to positive events. This does not necessarily imply that negative emotions have a more important role in our lives. The emotions that are more frequent and obvious are not always the more significant. In any case, love in all its forms, seems to be one of the most significant and powerful emotion in our lives.

Different Mental Problems and its Relation to Happiness: The most common word of Mental Health confined with free of stress, Depression, Anxiety and other form of Neurotic and psychotic disorders. Numbers of studies already proved the association between negative emotion, negative affective behavior and its relationship with different mental disorders. In other words it can be said that negative emotions and negative affective behavioral components are the main cause of different mental health problems/disorders. Very few studies and literature established till date to find out the relationship of Happiness with different mental health issues

Effects of Happiness on Mental Health

and treatment. In other words few researches have proved the effects of happiness as an intervention for the treatment of mental disorders.

Happiness and Its Relations with Depression: In 21st century, due to industrialization and intensive increasing changes of human life leads to the most common form of mental disorders that can be depression. According to World Health Organization (WHO) “Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration”. The effects of depression may be long lasting or recurrent or it may be for a short period of time depending on the person’s ability of management in the work place and in the family system. The serious effects of depression can lead the person towards death or suicide, if it is not cope effectively at the primary stage. Therefore it can be suggested that, when depression is in mild or moderate stage psychological treatment can help to be free from depression but if level of depression is severe, it is better to suggest the client for medication along with psychotherapy. In most of the cases and from various studies it is observed that depression often starts at a young age. It affects women more often than men, and unemployed people are also at high risk. People with depression are not enjoying happiness. In this regard the study of Seligman's (2002) can be illustrated. The study was conducted on 577 people where happiness exercises were provided to the participants. In the present study it is found that happiness exercise decreases the level of depression among participants. Similarly the study of Phillips (1967) also stated that people suffering mental disorders are definitely unhappy in nature. Further the researcher stated that persons reporting mental disturbances as restlessness, inability to sleep, sour stomachs, and the like, would also report feelings of unhappiness. In this regard Phillips (1967) also suggested that social participation increase the happiness and happiness reduces the depression level of people suffering mental disorders.

Happiness and Its Relations with Anxiety: The common definition of anxiety is feelings of tension, worried thoughts. Due to anxiety there, some of the observable psycho-physiological symptoms can be observed such as increased blood pressure, heart palpitation, sweating, nausea, irritation etc. in this regard it can be said that anxiety is a psycho-physiological state of mind which may be for a span of time or it may continue for a long period of time. Some of the other symptoms of anxiety disorders can be defined have recurring intrusive thoughts or concerns; avoid certain situations out of worry, prefer isolated situation, trembling, dizziness or a rapid heartbeat (DSM-IVTR). Therefore, it is found that, people suffering any type of anxiety disorders are not happy in their day to day life. Ekman, Davidson, Ricard, and Wallace, (2005) stated that more happy people are less prone to any anxiety disorders. Kendall, (1994) conducted a study on 47 participants aged 9 to 13 years where he employed happiness as one of treatment procedure for the treatment of psychosocial treatment for the students suffering anxiety disorders and found a positive result where happiness reduces the anxiety level of the participants. In a study by Clark, and Watson, (1991) also found the effect of happiness as a treatment for anxiety and depression disorders. Further in another study intervention study used

Effects of Happiness on Mental Health

happiness as an intervention technique conducted by O'Connor, Dinan, and Cryan, (2011) also revealed that there is a positive effect of happiness in treatment of anxiety disorders.

Stress and its Relation to Happiness: the concept of happiness for the people suffering stress is quite unnatural. Stress due to work place, family hassles, increasing day to day demands are some of the common reason which interfering the human happiness. In this regard Kiecolt-Glaser, Preacher, MacCallum, Malarkey, and Glaser, (2003) stated that those who are physically overwhelmed, mentally overwhelmed, or both by the needs of others do experience a stressful or burden that can have significant negative health consequences such as cardiac disorders, respiratory disorders and gastrointestinal disorders. It is not only affects to the person who is suffering stress, it also affect the mental health of the care givers and they also suffer similar results of stress what the person suffering. Numbers of studies already proved that, happiness can improve both physical and psychological disorders that due to stress. Current consensus indicates that helping behavior contributes to diminished depression rates in adolescents (Commission on Children at Risk, 2003). In this regard Post, (2005) affirmed that that a strong correlation exists between the well-being, happiness, health, and longevity of people who are emotionally kind and compassionate in their charitable helping activities—as long as they are not overwhelmed, and here world view may come into play.

Another study by Ryan and Deci (2000) stated that happiness contribute well-being and directly reduce the mental disorders such as stress depression and anxiety. Further the study of Dohrenwend, (2000) also indicates the effects of happiness on psychological stress disorders. The study was conducted with post traumatic stress disorders patients and found the result effective. The study of Sheldon, and Niemiec, (2006) also indicates that happiness develop self concept and self efficacy among the people and indirectly reduce the chances of psychological disorders. In a recent study by Aubert (2008, it is found that happiness reduces psychological stress and other emotional provoking disorders. In a study on cardiovascular patients Schwartz, Weinberger, and Singer (1981) also found that sadness and angry is the contradictory variables lead psychological stress and ultimately the heart and heart related disorders. In other hand happiness reduces the chances of cardiovascular disorders.

Conclusion: Happiness is one of the most important aspects of positive psychology. Although happiness considered as one of the important attribute of human emotions, its effect on mental disorders is found more favorable. The brief discussion of happiness and its effect on different mental disorders stated that although happiness is a subjective emotional component but still overall all happiness has a positive association with different mental disorders such as stress, anxiety and depression. In other words it can be said that people those are happy have less chance to prone to the mental disorders. They suffer less stress, depression and anxiety. As a result, they enjoy both psychological and physiological wellbeing. Happy people are also more sociable and enjoy quite good social wellbeing. In this regard these happy people are healthier

than to the unhappy people. Therefore different techniques have been used by psychologist and social scientist to make people healthier and ultimately healthy physically, socially and mentally.

REFERENCES

- Argyle M. (1987). *The psychology of happiness*. London: Methuen.
- Argyle, M. (2001). *The psychology of Happiness* (2nd ed.). New York., NY: Routledge
- Aubert, A. (2008). Psychosocial stress, emotions and cytokine-related disorders. *Recent patents on inflammation & allergy drug discovery*, 2(2), 139-148.
- Baumeister, R.F., & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *psychological Bulletin*
- Bay, C. (1965). *The structure of freedom* Stanford University Press, Stanford CA, USA.
- Franklin, B. (1818). *Memoirs of the Life and Writings of Benjamin Franklin* (London: Henry Colburn, 1818) at 270.
- Blokland, H.T (1997). *Freedom and culture in western society* Routledge, London,
- Campbell, R.(1973). "The Pursuit of Happiness." *Personalist*
- Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: psychometric evidence and taxonomic implications. *Journal of abnormal psychology*, 100(3), 316.
- Commission on Children at Risk. (2003). *Hardwired to connect: The new scientific case for authoritative communities*. New York: Institute for American Values. Danner, D. D., Snowdon, D. A., &
- Demir, M. (2010). close relationships and happiness among emerging adults.
- Dohrenwend, B. P. (2000). The role of adversity and stress in psychopathology: some evidence and its implications for theory and research. *Journal of health and social behavior*, 1-19.
- Ekman, P., Davidson, R. J., Ricard, M., & Wallace, B. A. (2005). Buddhist and psychological perspectives on emotions and well-being. *Current Directions in Psychological Science*, 14(2), 59-63.
- Goldberg, C. (2006). Harvard's crowded course to happiness. *Boston Globe* http://www.boston.com/news/local/articles/2006/03/10/harvards_crowded_course_to_happiness/
- Kendall, P. C. (1994). Treating anxiety disorders in children: results of a randomized clinical trial. *Journal of consulting and clinical psychology*, 62(1), 100.
- Kiecolt-Glaser, J. K., Preacher, K. J., MacCallum, R. C., Malarkey, W. B., & Glaser, R. (2003). Chronic stress and age-related increases in the proinflammatory cytokine interleukin-6. *Proceedings of the National Academy of Sciences*, 100, 9090-9095.
- Norman M.. Bradburn and David Caplovitz, reports on happiness
- O'Connor, R. M., Dinan, T. G., & Cryan, J. F. (2011). Little things on which happiness depends: microRNAs as novel therapeutic targets for the treatment of anxiety and depression. *Molecular psychiatry*, 17(4), 359-376.
- Peterson, C. (2006). *A Primer in Positive Psychology*. New York: Oxford University Press.
- Phillips, D. L. (1967). Mental health status, social participation, and happiness. *Journal of Health and Social Behavior*, 285-291.

Effects of Happiness on Mental Health

- Post, S. G. (2005). Altruism, happiness, and health: It's good to be good. *International journal of behavioral medicine*, 12(2), 66-77.
- Reis., H. T. (2001) Relationship experiences and emotional well-being. in C. D. Ryff & B. H. Singer (Eds.) *Emotion, Social relationships, and health*.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68–78.
- Schwartz, G. E., Weinberger, D. A., & Singer, J. A. (1981). Cardiovascular Differentiation of Happiness, Sadness, Anger, and Fear Following Imagery and Exercise¹. *Psychosomatic Medicine*, 43(4), 343-364.
- Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free Press.
- Sheldon, K. M., & Niemiec, C. P. (2006). It's not just the amount that counts: balanced need satisfaction also affects well-being. *Journal of personality and social psychology*, 91(2), 331.
- Snyder, C. R. & Lopez, S. J. (Eds.) (2005). *Handbook of Positive Psychology*. New York: Oxford University Press.
- UKHeadey, B. & Wearing, A. (1992). *Understanding happiness: a theory of subjective wellbeing* Longman Cheshire, Melbourne, Australia: Sources-www.nakedcapitalism.com/.../key-to-happiness-is-freedom.

Web Access:

<http://www.googleadservices.com>.

<https://mtgap.wordpress.com/2010/06/15/freedom-or-happiness>

<https://www.psychologytoday.com/basics/happiness>

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

Nayanika Singh¹, Prathma Sharma², Mahasweta Bose³

ABSTRACT:

Cultural Intelligence refers to an individual's ability to successfully adapt oneself to culturally diverse environments', the capacity to act and behave appropriately, according to one's cultural environment. It refers to an individual's capability to function effectively across cultures. To have high levels of cultural intelligence may be based on various aspects of intelligence like social and emotional intelligence (Earley and Ang, 2003). The idea of cultural intelligence has emerged in the last few years, owing to the process of globalization which has turned the world into a global village. There are mainly four factors affecting cultural intelligence: Motivational which refers to an individual's drive and interest to adapt one to a cross-cultural environment; Cognitive which is the knowledge dimension of CQ; Metacognitive which includes awareness, planning and checking and Behavioral component which refers to the verbal, non verbal speech acts. The term quality of life (QOL) references the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. This study attempts to study the effect of gender and culture on both the cultural intelligence and the quality of life of adults. The sample consisted of 120 adults aged between 18-40 years, with 60 males and 60 females belonging to Himachali and Punjabi cultures. The Cultural Intelligence scale developed by Soon et al (2007) was used to measure the cultural intelligence of the adults. This scale measures the 4 components of CQ- motivational, cognitive, meta-cognitive and behavioral. Quality of life was measured by using the Quality Of Life Scale (Burakhardt, Carol S., 1993). This questionnaire is a self - report inventory that consists of 16 items, pertaining to the various aspects of quality of life i.e. emotional, cognitive and behavioral. The hypothesis stated that males of both the cultures (Himachali and Punjabi) will have a higher cultural intelligence than females of both the cultures, there will be no significant differences in the quality of life of males and females. Punjabi adults will have a better quality of life and higher cultural intelligence than Himachali adults. Findings of the study indicated a) that male adults were found to be higher than their female counter parts on cultural intelligence, b) no significant differences were found between male and female adults on QOL, c) Punjabis were found to be higher on both cultural intelligence and QOL than their Himachali counter parts; significantly proving the stated hypotheses. This is one of the first of its kind study conducted in the Indian set-up and further research is needed to substantiate the same.

Keywords: Cross Cultural, Cultural Intelligence, Quality Life, Adults

¹Assistant Professor, Department of Psychology, DAV College, Sector-10, Chandigarh,

²Graduate students, Dept. Of Psychology, DAV College, sector- 10, Chandigarh

³Graduate students, Dept. Of Psychology, DAV College, sector- 10, Chandigarh

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

Human beings are integral parts of the society and its culture. “Culture” is one of the most widely used concepts in social sciences. It has been defines in a myriad of ways. In lay man’s terms, “culture is the way of life which members of a society share and follow.” It is the way of acting, the body of tradition, ritual and the beliefs which people have learned as members of a society. As opined by Geert Hofstede, culture is “the collective programming of mind which distinguishes one group or category of people from another” (Lane, Di Stefano & Maznevski 2006, p1.24).¹Trompenaars and Hampden-Turner define culture as “a shared system of meanings.” (Trompenaars & Hampden-Turner, 1997, p. 13)² However, Hofstede (1997) states that culture is a structure of collectively held values and collective mental programming which separate or distinguish various groups of people from others (Hofstede G., 1997).³Each individual has several layers of mental programming that gradually build as they grow and learn (Hofstede G. 1980). The deepest, fundamental layers are created at a young age, and then as one progresses through education, technical training, professional training, and life in general, other layers of their mental programming are created. The layers formed in later years have more to do with actions, ways of doing things, and ethics rather than various types of training (Hofstede G.1980). The more an individual learns through experience as they get older, the greater their ability is to react properly in various situations, cultural and otherwise. This is the reason why two individuals although belonging to the same culture, behave differently in similar situations.

Cultural Intelligence

Intelligence is defined as “A term referring to a variety of mental capabilities, including the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience,” by Thomson Gale (Gale, 1998).Earlier, intelligence was seen only in terms of academic aptitude and but now intelligence is also viewed as aptitude that extends beyond an academic setting (Sternberg & Detterman, 1986). The concept of multiple intelligence has gained ground in the present day world. Different types of intelligences have been coined by various researches. Practical intelligence is defined by Sternberg (2000) as the “ability that individuals use to find the best fit between themselves and the demands of the environment” (Sternberg, et al., 2000). Emotional intelligence deals with the ability to recognize and deal with personal emotions, without any consideration for varying cultural environments (Ang, et al., 2007).Robert J. Sternberg believes that there are many reasons why people identified as intelligent by academic standards cannot succeed in everyday life, such as lack of motivation or lack of perseverance (Sternberg, 1986).

The idea of cultural intelligence has emerged in the last few years, owing to the process of globalization which has turned the world into a global village. To be culturally intelligent (from now on referred to as CQ) means to “be skilled and flexible about understanding a culture, learning more about it with your ongoing interactions with it, and gradually reshaping your thinking to be more sympathetic to the culture and your behavior to be more skilled and appropriate when interacting with others from the culture” (Thomas, Inkson 2004, p.14). Cultural Intelligence refers to an individual’s ability to successfully adapt oneself to culturally diverse

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

environments, the capacity to act and behave appropriately, according to one's cultural environment. To have high levels of cultural intelligence may be based on various aspects of intelligence like social and emotional intelligence (Earley and Ang, 2003). To get a better understanding of the topic of cultural intelligence (to now on be referred to as CQ) we must try to differentiate between the concepts of emic and etic constructs. Emic constructs are referred to exist uniquely in one culture, thus receiving it's meaning by its context, while etic constructs are universal and exist across cultures (Earley, Murnieks & Masakowski 2007). Murdock (1945) created a list of seventy cultural universals that included variables such as: food taboos, folklore, etc. Berry (1997), however, argued that there are variables that not as universal as they appear. The author named those variables "imposed-etics" that are usually represented in a number of cultures but not in all. Individuals high on cultural intelligence will be able to blend easily across various new cultures and effectively interact in an intercultural environment even when most of verbal and non-verbal cues that have worked for them in the past may be largely useless to them now and when other people's behavior and actions may even seem bizarre alien at times.

The Four Factor Model of Cultural Intelligence

CQ consists of four inter-related yet distinct factors which when enhanced together may result in enhanced CQ, rather than when a single factor is focused upon. The four factors are as follows:

1. Motivation: This factor refers to an individual's drive and interest to adapt one to a cross-cultural environment, in the way one interacts and acts towards others members of the culture, to overcome the conflicts, accompanying the process engaging one through intercultural experiences. The individual has to have high energy and drive to persevere and stay motivated to experience new situations head-on. Motivational CQ consists of intrinsic motivation- internal factors that end up motivating us e.g. enjoyment derived from the process, extrinsic motivation- external factors motivating us to persevere like materialistic benefits associated with the process, and self-efficacy is an individual's belief in oneself to succeed in particular tasks.

2. Cognition: Cognitive CQ refers to the extent an individual has the necessary knowledge on how to behave and act with other members in a cross-cultural environment, and how much he/she understands the norms, values and the particular mannerisms of one's culture and the way it shapes one's thinking. Every culture has its own economic system, religions, social stratification system and particular social institutions and the norms and laws governing them. Thus, an individual must have adequate knowledge of all these related topics and the ability to differentiate between them to have an enhanced level of cognitive CQ.

3. Meta-cognition: Metacognitive CQ refers to an individual's ability to plan and think ahead, to strategize by observing how others behave and trying to understand how others think in cross-cultural situations. Metacognitive CQ is enhanced when we put our cultural knowledge to use, to be aware and think about our own thought processes to solve problems or conflicts in such a situation. One's expectations for such a situation must also be compared to what actually occurs. Individuals high on metacognition interacting in cross-cultural situations are able to question

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

their cultural assumptions and alter their own cultural knowledge (Thomas, Elron& Stahl 2008, Ang, and Van Dyne 2008).

4. Behavior: Behavioral CQ refers to an individual's ability to react and act accordingly in a variety of cross-cultural situation, one should also be aware of when to adapt and when not to adapt to a cross-cultural situation so as to ensure maximum effectiveness. The individual should also possess knowledge about verbal and non-verbal actions to make oneself understood in a wide variety of situations.

QUALITY OF LIFE

Researchers have long since been attempting to construct alternative, on-monetary indices of social and economic well-being in a single statistic, a variety of different factors that ought to influence quality of life, as GDP per person alone cannot measure the broader quality of life in a country (The Economist Intelligence Unit's quality-of-life index,2005).The term quality of life (QOL) references the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging (1993, The Quality of Life, Oxford: Clarendon Press). Also frequently related are concepts such as freedom, human rights, and happiness. However, since happiness is subjective and difficult to measure, other measures are generally given priority. It has also been shown that happiness, as much as it can be measured, does not necessarily increase correspondingly with the comfort that results from increasing income. Quality of life is an important concept in the field of international development, since it allows development to be analyzed on a measure broader than standard of living. Within development theory, however, there are varying ideas concerning what constitutes desirable change for a particular society, and the different ways that quality of life is defined by institutions therefore shapes how these organizations work for its improvement as a whole. As a result, standard of living should not be taken to be a measure of happiness (Richard Layard, 2006). Also sometimes considered related is the concept of human security, though the latter may be considered at a more basic level and for all people. Unlike per capita GDP or standard of living, both of which can be measured in financial terms, it is harder to make objective or long-term measurements of the quality of life experienced by nations or other groups of people. Researchers have begun in recent times to distinguish two aspects of personal well-being: Emotional well-being, in which respondents are asked about the quality of their everyday emotional experiences--the frequency and intensity of their experiences of, for example, joy, stress, sadness, anger, and affection-- and life evaluation, in which respondents are asked to think about their life in general and evaluate it against a scale. Such and other systems and scales of measurement have been in use for some time. Research has attempted to examine the relationship between quality of life and productivity (Federal Reserve Bank of Kansas City, The Increasing Importance of Quality of Life, 2008).

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

Perhaps the most commonly used international measure of development is the Human Development Index (HDI), which combines measures of life expectancy, education, and standard of living, in an attempt to quantify the options available to individuals within a given society. The HDI is used by the United Nations Development Programme in their Human Development Report (Undp.org, 2013).

DETERMINANTS OF QUALITY OF LIFE:

The 9 quality-of-life factors and the indicators used to represent these factors are;

- 1)Material G.D.P. well-being - G.D.P. per person
- 2)Health - Life expectancy at birth, years
- 3)Political stability and security - Political stability and security ratings
- 4)Family life
- 5)Community life
- 6)Climate and geography
- 7)Political freedom
- 8)Job security
- 9)Gender equality

REVIEW OF LITERATURE

Yordanova K. (2011) ties both subjects and analyzes the effect of managerial cultural intelligence on multicultural team performance. Data for the study was collected by a theoretical and a quantitative empirical investigation. The theoretical investigation includes conceptualization, theories and frameworks towards both cultural intelligence and multicultural team work. The empirical investigation was conducted with the use of a questionnaire. The questionnaire results were analyzed in order to reach a conclusion.

Van Dyne, L., Ang, S., & Livermore, D., (2010) in their article “Cultural intelligence: A pathway for leading in a rapidly globalizing world” have discussed the main sub categories of cultural intelligence viz motivational, cognitive, metacognitive and behavioral cultural intelligence. They have also enumerated the steps to enhance one’s overall cultural intelligence with the help of case studies.

Thomas, David C. and Kerr Inkson (2008), in their titled “**Cultural Intelligence: people skills for global business**” based on their studies discussed the importance of cross-cultural people skills in the organisational context where managing people effectively is the key to organizational effectiveness, and the people in organizations are increasingly multicultural. The book emphasized on the fact that, acquiring cultural intelligence assists not only to survive without difficulty or embarrassment in the new global, multicultural business environment, but to pursue your goals in this environment with the confidence needed for success.

Esther Herrmann, Josep Call, María Victoria Hernández-Lloreda, Brian Hare Michael Tomasello through their collaborative study argued that cultural intelligence was mainly due to a species-specific set of social-cognitive skills, emerging early in ontogeny, for participating and exchanging knowledge in cultural groups. They tested this hypothesis by giving a comprehensive battery of cognitive tests to large numbers of two of humans' closest primate relatives, chimpanzees and orang-utans, as well as to 2.5-year-old human children before literacy and schooling. Supporting the cultural intelligence hypothesis and contradicting the hypothesis that humans simply have more “general intelligence,” they found that the children and chimpanzees had very similar cognitive skills for dealing with the physical world but that the children had more sophisticated cognitive skills than either of the ape species for dealing with the social world.

Ng, K.Y., Van Dyne, L., & Ang, S. (2012) in their paper on **“Cultural intelligence: A review, reflections, and recommendations for future research.”** **Emphasized the importance of cultural intelligence in the fast globalizing world. They stressed on the measurement of cultural intelligence using various techniques and provide arenas for further research.**

Sprangers and Schwartz (1999), concluded that patients confronted with a life-threatening or chronic disease are faced with the necessity to accommodate to their illness. An important mediator of this adaptation process is 'response shift' which involves changing internal standards, values and the conceptualization of quality of life (QOL). Integrating response shift into QOL research would allow a better understanding of how QOL is affected by changes in health status and would direct the development of reliable and valid measures for assessing changes in QOL.

Rahman, Mittelhammer and Wandschneider, (2005) attempted to provide a comprehensive analysis of interrelationships among the determinants of the quality of life (QOL). They showed that various measures of well-being are highly sensitive to domains of QOL that are considered in the construction of comparative indices, and how measurable well-being indicators are aggregated and weighted to arrive at composite measures of QOL.

Hawthorne, Korn and Richardson (2007) provided Australian health-care related quality of life (HRQol) population norms, based on utility scores from Assessment Quality of Life (AQol) measure, a participant-reported outcomes experiment.

The above review of literature indicates a substantial gap of studying the accumulative effect of both Cultural Intelligence & Quality Of Life among the older adults and younger adults, making this study a novel one and the first of its kind.

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

OBJECTIVES:

- (a) To study the effect of gender on the cultural intelligence of Himachalis and Punjabis aged 18-40 years..
- (b) To study the effect of gender on the quality of life of Himachalis and Punjabis aged 18-40 years.
- (c) To study the effect of culture on the cultural intelligence of Himachalis and Punjabis aged 18-40 years..
- (d) To study the effect of culture on the quality of life of Himachalis and Punjabis aged 18-40 years.

HYPOTHESES:

- (a) Males aged 18-40 years will have a higher level of cultural intelligence than their female counterparts.
- (b) There will be no significant differences in levels of quality of life of males and females, aged 18-40 years.
- (c) Himachali adults will have a lower level of cultural intelligence than Punjabi adults.
- (d) Punjabi adults will have a higher level of quality of life than Himachali adults.

METHODOLOGY

Sample: The sample for the present study consisted of 120 adults, 60 males and 60 females in the age group of 18-40 from Chandigarh (Punjab) and Shimla (Himachal).

Tools:

1. The Cultural Intelligence Scale

The CQS was developed by Soon (2007) and her colleagues in order to create a framework that can measure CQ. It was aimed at testing the dimensions of metacognition, cognition, motivation and behaviour with four to six items. Each item was created towards one idea and was formulated in a clear and understandable way. Initially, the scale consisted of a forty item questionnaire that was measured on a seven point Likert scale where 1=strongly disagree and 7=strongly agree. After conducting several specification researches twenty out of forty items were deleted due to high residuals, small standard deviations, etc. Therefore, the original CQS consists of twenty questionnaire items which are distributed as following: four items for metacognitive CQ; six items for cognitive CQ; five items for motivational CQ; and five items for behavioral CQ. In order to conclude on the validity and generalizability of the scale, it was tested across samples, across time and across countries. (Ang, Van Dyne 2008, Ang et al. 2007).

2. Quality of Life Questionnaire

Quality Of Life Scale (Burakhardt, Carol S., 1993). This questionnaire is a self - report inventory that consists of 16 items, pertaining to the various aspects of quality of life i.e. emotional,

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

cognitive and behavioral. The items are related to the level of satisfaction with the various things in life like inter- personal relationships, materialistic things, career and the general contentment with life. Each item is provided with seven response alternatives (Delighted, Pleased, Mostly Satisfied, Mixed, Mostly Dissatisfied, Unhappy, and Terrible) and the subject has to circle the option that applies for him / her. The scores for each item are added to obtain the final score for QOL.

Statistical Analysis:

The responses to various tests were scored according to the directions set in the manuals of the test and with the help of scoring keys. Means were computed for the different sets of data and independent sample t-test was applied to test the significance of mean difference between male and female adults from both Punjabi and Himachali cultures.

RESULTS AND DISCUSSION:

The present study attempted to assess the impact of gender and culture on the cultural intelligence and quality of life of adults aged between 18-40 years from Punjabi and Himachali cultures, for which the data was divided into two categories, one of males and females and the other of Punjabi culture and Himachali culture. The independent sample t-test was applied for the purpose of statistical interpretation to test the significance of difference between these four means. Results and discussion for the present study are as follows:

The following table (Table 1) indicates the effect of gender on Cultural Intelligence among Himachalis and Punjabis

	Sex	N	Mean	Std. Deviation	t-value
Total CQ Score	Male	60	95.80	14.172	2.141
	Female	60	90.53	12.738	

Significant at (.05=1.98) (df=119)

Results summarized in Table 1 indicate the effect of gender on cultural intelligence among Himachalis and Punjabis, aged 18-40 years. The mean value for males was found to be 95.80 while for the females it was found to be 90.53. The t-value was found to be 2.141, which was found to be significant at the level of .05, indicating that gender has a significant effect on the cultural intelligence of both males and females among Himachalis and Punjabis. Therefore, our first hypothesis (i.e. Males aged 18-40 years will have a higher level of cultural intelligence than the females, aged 18-40 years) stands accepted.

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

The following table (Table 2) indicates the effect of gender on Quality of Life among Himachalis and Punjabis

	Sex	N	Mean	Std. Deviation	t-value
Quality Of life score	Male	60	87.83	12.577	0.00
	Female	60	87.83	11.380	

No significant differences

Results summarized in Table 2 indicate the effect of gender on quality of life among Himachalis and Punjabis, aged 18-40 years. The mean value for both males and females were found to be 87.83, while the t-value came out to 0.00, thus indicating that there are no significant differences at the level of .05 and no significant effect of gender on the quality of life among males and females among Himachalis and Punjabis. Therefore, our second hypothesis (i.e. Males and females, aged 18-40 years will have no significant differences in their levels of quality of life) stands accepted.

The following table (Table 3) indicates the effect of Culture on Cultural Intelligence among Himachalis and Punjabis

	Culture	N	Mean	Std. Deviation	t-value
Total CQ Score	Himachali	60	91.02	14.092	1.737
	Punjabi	60	95.32	13.008	

Not Significant at (.05=1.98) (df=119)

Results summarized in Table 3 indicate the effect of culture on cultural intelligence among Himachalis and Punjabis, aged 18-40 years. The mean value for Himachalis was found to be 91.02, while the mean value for Punjabis was found to be 95.32. The t-value came out to be 1.737 which was found to be not significant at the level of .05, hence indicating that culture does not have a significant effect on the cultural intelligence of Himachalis and Punjabis. Therefore our third hypothesis (i.e. Adults aged 18-40 years from Himachali culture will have a lower level of cultural intelligence than Punjabis) stands accepted.

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

The following table (Table 4) indicates the effect of Culture on Quality of Life among Himachalis and Punjabis

	Culture	N	Mean	Std. Deviation	t-value
Quality Of life score	Himachali	60	84.23	11.867	3.45
	Punjabi	60	91.43	10.977	

Significant at (0.5=1.98) (df=119)

Results summarized in Table 4 indicate the effect of culture on the quality of life among Himachalis and Punjabis, aged 18-40 years. The mean value for Himachalis was found to be 84.23, while the mean value for Punjabis was found to be 91.43. The t-value came out to be 3.45, which was found to be significant at the level of .05, hence indicating that culture has a significant effect on the quality of life among Himachalis and Punjabis. Therefore, our fourth hypothesis (i.e. Adults aged 18-40 years from Himachali culture will have a lower level of quality of life than Punjabis) stands accepted.

The plausible explanations for Punjabis having a higher level of cultural intelligence and quality of life than Himachalis may be because of the fact Punjabis have a much greater access to modern technology, live in much urbanized areas than the Himachalis, have a great number of modern amenities at their disposal like multi speciality hospitals, international schools, high speed internet, more modes of recreations like famous restaurants, malls, international brands, amusement parks, huge chains of supermarkets, bookstores etc. Whereas the Himachalis have to face harsh climatic conditions, scarcity of the above mentioned readily available amenities or resources, which even if available are in far-flung areas, shortage of water and problems of electricity, lack of urbanized centres and modern modes of recreation.

Punjabis in urban areas also tend to be much more open minded in terms of trying out new ideas, opportunities and trying to understand and interacting readily with other cultures than the Himachalis.

The present study is one of its kind in Indian setup. However more research on diverse population and newer variables is needed to substantiate the same.

SUGGESTIONS AND RECOMMENDATIONS:

The following can be some of the suggestions and recommendations to improve the cultural intelligence and quality of life of the adults:

- 1) Understand the aspects of your life and experiences that most closely connect with the quality of life desired. Research has been conducted on what correlates most with quality of life:

Cross Cultural Differences in Cultural Intelligence and Quality of Life among Adults

- **Positive emotions:** The moments and extended periods we have of different positive moods, including feelings of happiness, gratitude, closeness, confidence, peacefulness and awe-inspired.
- **Engagement:** Periods of time when we are so engaged with the activity we're working on that we have clarity of focus, time seems less relevant, and we are challenged at a level to which we're attracted. This is frequently associated with 'Eustress', which the positive opposite to distress.
- **Relationships:** The quality of our relationships with others is very highly correlated with our overall quality of life. The strength of our social support structure or 'Personal Safety Net' is fundamental to our coping skills and resiliency when facing challenges in our lives. Our relationships are also a primary source of many of the other aspects of quality of life, especially positive emotions.
- **Meaning:** How well our work and other endeavours connect with a "greater purpose" contributes enormously to our self esteem and confidence to continue our efforts. The opposite is a feeling that we are wasting our time on trivial tasks that do not contribute to a greater cause. A sense of meaning is often easier to come by if what we do connects with addressing the needs of a community we care about.
- **Accomplishment:** A sense of accomplishment is closely tied to how well we feel we are able to complete our "to do" lists
- **Health:** The quality of our physical well-being, including how much pain we're in, how much mobility we have, and how much we can do physically also affects quality of life. According to Gallup's research on global well being, the quality of our sleep plays a critical role in overall quality of life - if we aren't getting enough good rest, we are far more likely to be emotionally overwhelmed or otherwise less productive.

2) Individuals could try to make themselves more culturally aware by reading up about other cultures, not being afraid to venture out and travel to get immerse themselves in a new culture or even watching various movies from other cultures so as not to come across as completely culturally ignorant.

3) Various cultural awareness campaigns could be taken advantage of when conducted, like the ones conducted by several travel magazines and agencies.

4) Most importantly, to increase one's level of cultural intelligence, an individual must always keep an open mind regarding trying out new ideas or learning new things as it is through one's own experience that he/she can boost one's level of cultural intelligence the most.

REFERENCES:

- Ang, S. & Van Dyne, L. 2008, *Handbook of cultural intelligence: theory, measurement, and applications*, M.E. Sharpe, Armonk, N.Y.
- Ang, S., Van Dyne, L. & Koh, C. 2006, "Personality Correlates of the Four-Factor Model of Cultural Intelligence", *Group & Organization Management*, vol. 31, no. 1, pp. 100.
- Cappeliez, P. (2008). An explanation of the reminiscence bump in dreams of older adults in terms of life goals and identity. *Self and Identity*, 7(1), 25–33.
- Costa, P.T., Jr. & McCrae, R.R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) manual*. Odessa, FL: Psychological Assessment Resources.
- Earley, C. 2002, "Redefining interactions across cultures and organizations: Moving forward with cultural intelligence", *Research in Organizational Behavior*, vol. 24, pp. 271-299.
- Earley, C. & Ang, S. 2003, *Cultural intelligence: individual interactions across cultures*, Stanford University Press, Stanford, Calif.
- Gale, T. (1998). *Gale Encyclopaedia of Childhood and Adolescence*
- Graeme Hawthorne, Sam Korn and Jeff Richardson (2007), Population norms for the AQoL derived from Australian National Survey of Mental Health and Wellbeing
- Gregory, Derek; Johnston, Ron; Pratt, Geraldine; Watts, Michael; Whatmore, Sarah, eds. (June 2009). "Quality of Life". *Dictionary of Human Geography* (5th Ed.). Oxford: Wiley-Blackwell. ISBN 978-1-4051-3287-9.
- Hofstede, G. (1997). *Cultures and organizations: Software of the mind*. New York: McGraw Hill.
- Hofstede, G. (1980). *Culture's consequences: International differences in work related values*. Beverly Hills: Sage.
- Kahneman, D.; Deaton, A. (2010). "High income improves evaluation of life but not emotional well-being". *Proceedings of the National Academy of Sciences* 107 (38)
- Lane, H., DiStefano, J. & Maznevski, M. 2006, *International management behavior: text, readings and cases*, 5. edition edn, Blackwell, Oxford.
- Layard, Richard (6 April 2006). *Happiness: Lessons from a New Science*. London: Penguin. ISBN 978-0-14-101690-0.
- Matthews, Gerald; Deary, Ian J.; Whiteman, Martha C. (2003). *Personality Traits* (2nd Ed.). Cambridge University Press. ISBN 9780521831079.
- Martha Nussbaum and Amartya Sen, ed. (1993). *The Quality of Life*, Oxford: Clarendon Press. Description and chapter-preview links.
- Morris, Morris David (January 1980). "The Physical Quality of Life Index (PQLI)". *Development Digest* 1: 95-109.
- Ng, Y. & Earley, C. 2006, "Culture + Intelligence: old constructs, new frontiers", *Group & Organization Management*, vol. 31, no. 1, pp. 4.
- Trompenaars, F., & Hampden-Turner, C. (1997). *Riding the waves of culture: Understanding cultural diversity in business* (2nd Ed.). London: Nicholas Brealey Publishing.
- Sternberg, R. J., & Detterman, D. (1986). What is intelligence: Contemporary viewpoints on its nature and definition. Norwood: Ablex.

Academic Cheating among Adolescents in relation to Socio-Economic Status

Prof. Ashok K. Kalia¹, Mr. Vinod Kumar²

ABSTRACT:

Academic cheating is a phenomenon present at all levels of education. The present study has tried to explore the academic cheating among adolescents with different levels of socio-economic status. A representative sample of 300 (150 male and 150 female) adolescents from urban and rural schools of five districts in Haryana was randomly selected. Academic Cheating Scale by Kalia & Kirandeep (2011) and Socio-economic Status Scale by Kalia & Sahu (2012) were used to assess academic cheating and socio-economic status of adolescents. ANNOVA followed by t-test was applied to study significant difference in academic cheating among adolescents with different levels of socio-economic status. The study revealed that adolescents having High socio-economic status were found to be significantly higher on academic cheating in comparison with adolescents having Low socio-economic. Similar results were observed for Male, Urban and Rural adolescents for same groups' comparison. No significant difference was found among female adolescents having high socio-economic status, middle socio-economic status and low socio-economic status. However no significant difference was observed for rest of groups' comparison.

Keywords: *Academic Cheating, Socio Economic Status and Adolescents.*

Academic cheating is a phenomenon present at all levels of education. The frequency of cheating in today's classrooms weakens educators' efforts and threatens students' learning. Academic cheating is defined as fraud, deceit or dishonesty in an examination or in an assignment or in the class by using or attempting to use methods which are prohibited or inappropriate (Maslach, 2004). Variety of fraudulent acts and actions which fall under the umbrella term of academic cheating are lying or forging documents, buying papers, plagiarism, purposely not following the rules, altering results, furnishing false information regarding assignments, making up sources, creating interference in class during instruction, capitalizing on the weakness of persons, procedures, or processes to gain advantage. (Arent, 1991; Moore, 1998; Packer, 1990; Pratt and McLaughlin, 1989; Maslach, 2004; Cizek, 2003), Active cheating to improve one's own grade and

¹Professor, Department of Education, MDU Rohtak, Haryana

²Research Scholar, Department of Education, MDU Rohtak, Haryana

Academic Cheating among Adolescents in relation to Socio-Economic Status

Passive cheating to assist others in improving their grades, Kalia (2005) and Cheating in Examination, Plagiarism, Creating an Improper disadvantage to other students, Lying about Academic Assignments, Interference during instructions, Damaging intellectual property. Kalia and Kirandeep (2011).

Literatures have found that Socio-economic background of parents influences to a great extent the academic performance of their children. (Devi and Mayuri, 2003; Panday and Maikhuri, 2003; Panigrahi, 2005; Alam, 2009; Mohanty, 2009). Socio Economic Status is the position that an individual or family occupies with reference to prevailing average standards of cultural possessions, effective income, material possessions, level of education and aspiration and participation in group activity of community Kalia and Sahu (2012). Kyglo (2001) was of opinion that students' behaviors to cheating in examination might be traceable to the influence of parents or home. Nzoka (2007) found children from high socio-economic status to exhibit cheating behaviour less than those from lower socio-economic status, their reasons being that, children from high socio-economic status have access to educational facilities/ materials among others. Aduloju and Obinne (2013) found that parent socio-economic status had no significant effect on students cheating behavior. Okorodudu (2013) also examined peer pressure and socioeconomic status as predictors of student's attitude to examination malpractice in Nigeria. Kalia and Kirandeep (2011) bear similar views that high socioeconomic status adolescents are significantly higher on academic cheating. The present research aims to study academic cheating among adolescents in relation to their socioeconomic status. This could be beneficial in looking at ways to prevent cheating behavior while children are at a young age.

OBJECTIVES

1. To study Academic Cheating among adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status.
2. To study Academic Cheating among Male adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status.
3. To study Academic Cheating among Female adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status.
4. To study Academic Cheating among Urban adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status.
5. To study Academic Cheating among Rural adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status.

HYPOTHESIS

- 1) There is no significant difference in academic cheating among adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic.
- 2) There is no significant difference in academic cheating among Male adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic.
- 3) There is no significant difference in academic cheating among Female adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic.

Academic Cheating among Adolescents in relation to Socio-Economic Status

- 4) There is no significant difference in academic cheating among Urban adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic.
- 5) There is no significant difference in Academic Cheating among Rural adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic.

METHOD OF STUDY

The study was carried out to investigate academic cheating among adolescents in relation to their socio-economic status. Accordingly descriptive survey method of research was used to conduct the study.

Sample

The sample comprised of 300 adolescents studying in different secondary schools of five districts i.e. Rohtak, Sonipat, Gurgaon, Fatehabad and Yamunanagar district of Haryana State. A random sample of 150 adolescents (75 male and 75 female) from rural schools and 150 adolescents (75 male and 75 female) from urban schools formed the sample of the study.

Tools used:-

A self reported academic cheating Scale by Kalia and Kirandeep (2011) and Socio-economic status scale by Kalia and Sahu (2012) were used to assess academic cheating and socio-economic status of adolescents.

Data Collection and Scoring:-

Self reported academic cheating and socio-economic status questionnaires were administered to adolescents in their classroom settings. Before administering the test, the objectives of the study were explained to them. They were requested to respond each item honestly. On completion, the questionnaires were collected and scored as per directions given in the manual.

Analysis of data

One way ANNOVA was applied to test the significance of difference among different groups under consideration. In order to compare different groups 't' test was applied.

Table No. 1(a) Means, SDs, & SEMs of High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status adolescents on Academic Cheating

Sr. No.	Socio Economic Status	Academic Cheating			
		Groups	Mean	SD	SEM
I	High Socio Economic Status adolescents	Group 1 No.118	57.84	32.09	2.95
II	Middle Socio Economic Status adolescents	Group 2 No.90	51.66	28.67	2.98
III	Low Socio Economic Status adolescents	Group 3 No.92	45.87	21.27	2.24

Academic Cheating among Adolescents in relation to Socio-Economic Status

Table No. 1 (b) Variance in the Academic Cheating among Adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	7381.65	2	3690.82	4.65
Within Groups	235638.89	297	793.39	0.01 Level of Sig.
Total	243020.55	299		

From the table no. 1 (b) results of ANOVA indicate that F-ratio for the different groups came out to be 4.65, which is statistically significant at 0.01 level of significance. It indicates that there is a significant difference among different groups. Different groups were compared using 't' test. Table no. 1(c) depicts 't' ratio among different groups.

Table No. 1(c) 't' ratios of High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status adolescents on Academic Cheating

Academic Cheating	Group 1 & Group 2		Group 1 & Group 3		Group 2 & Group 3	
	't' ratio	Level of sig.	't' ratio	Level of sig.	't' ratio	Level of sig.
	1.45	N.S	3.06	0.01	1.55	N.S

From table no. 1(a) the Mean scores of different groups depicts that Group-1 i.e. High Socio Economic Status adolescents (57.84 ± 32.09) is highest in comparison with Middle Socio Economic Status adolescents (51.66 ± 28.67) and Low Socio Economic Status adolescents (45.87 ± 21.27) 't' ratio being 1.45 is statistically insignificant. It indicates that no significant difference was observed among Very High Socio Economic Status adolescents in comparison with Middle Socio Economic Status adolescents. However 't' ratio being 3.06 found to be statistically significant at 0.01 level of significance, indicates that High Socio Economic Status adolescents were found to be significantly higher on academic cheating in comparison with Low Socio Economic Status adolescents.

The mean scores of Group-2 i.e. Middle Socio Economic Status (51.66 ± 28.67) is highest in comparison with Low Socio Economic Status adolescents (45.87 ± 21.27), 't' ratio being 1.55. it indicates that no significant difference was observed among Middle Socio Economic Status and Low Socio Economic Status adolescents on academic Cheating.

Academic Cheating among Adolescents in relation to Socio-Economic Status

Thus the hypothesis “There is no significant difference in academic cheating among adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic” is partially rejected.

Table No. 2(a) Means, SDs, & SEMs of Male High Socio Economic Status, Male Middle Socio Economic Status and Male Low Socio Economic Status adolescents on Academic Cheating

Sr. No.	Socio Economic Status	Academic Cheating			
		Groups	Mean	SD	SEM
I	Male High Socio Economic Status adolescents	Group 1 No.59	59.66	34.26	4.46
II	Male Middle Socio Economic Status adolescents	Group 2 No.45	50.11	28.55	4.25
III	Male Low Socio Economic Status adolescents	Group 3 No.46	45.19	23.64	3.48

Table No. 2(b) Variance in the Academic Cheating among Male Adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status

Source of Variation	SS	df	MS	F
Between Groups	5733.66	2	2866.82	3.26
Within Groups	129122.9	147	878.38	0.05 Level of Sig.
Total	134856.56	149		

From the table no.2 (b) results of ANOVA indicate that F-ratio for the different groups came out to be 3.26, which is statistically significant at 0.05 level of significance. It indicates that different groups are statistically different from each other. Different groups were compared using ‘t’ test. Table no. 2(c) depicts ‘t’ ratio among different groups.

Academic Cheating among Adolescents in relation to Socio-Economic Status

Table No. 2(c) ‘t’ ratios of Male High Socio Economic Status, Male Middle Socio Economic Status and Male Low Socio Economic Status adolescents on Academic Cheating

Academic Cheating	Group 1 & Group 2		Group 1 & Group 3		Group 2 & Group 3	
	‘t’ ratio	Level of sig.	‘t’ ratio	Level of sig.	‘t’ ratio	Level of sig.
	1.51	N.S	2.44	0.05	0.89	N.S

From table no. 2(a) the Mean scores of different groups depicts that Group-1 i.e. Male High Socio Economic Status adolescents (59.66 ± 34.26) is highest in comparison with Male Middle Socio Economic Status adolescents (50.11 ± 28.55) and Male Low Socio Economic Status adolescents (45.19 ± 23.64) ‘t’ ratio being 1.51 is statistically insignificant. It indicates that no significant difference was observed among Male Very High Socio Economic Status adolescents in comparison with Male Middle Socio Economic Status adolescents. However ‘t’ ratio being 2.44 found to be statistically significant at 0.01 level of significance, indicates that Male High Socio Economic Status adolescents were found to be significantly higher on academic cheating in comparison with Male Low Socio Economic Status adolescents.

The mean scores of Group-2 i.e. Male Middle Socio Economic Status (50.11 ± 28.55) is highest in comparison with Low Socio Economic Status adolescents (45.19 ± 23.64), ‘t’ ratio being 0.89 indicates that no significant difference was observed among Male Middle Socio Economic Status and Male Low Socio Economic Status adolescents on academic Cheating.

Thus the hypothesis that “There is no significant difference in academic cheating among Male adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic” is partially rejected.

Table No. 3(a) Means, SDs, & SEMs of Female High Socio Economic Status, Female Middle Socio Economic Status and Female Low Socio Economic Status adolescents on Academic Cheating

Sr. No.	Socio Economic Status	Academic Cheating			
		Groups	Mean	SD	SEM
I	Female High Socio Economic Status adolescents	Group 1 No.59	56.02	29.96	3.9
II	Female Middle Socio Economic Status adolescents	Group 2 No.47	53.14	29.02	4.23
III	Female Low Socio Economic Status adolescents	Group 3 No.44	46.56	18.73	2.82

Academic Cheating among Adolescents in relation to Socio-Economic Status

Table No. 3(b) Variance in the Academic Cheating among Female Adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	2294.24	2	1147.12	1.59
Within Groups	105869.74	147	720.2	N.S
Total	108163.97	149		

From the table no. 3 (b) results of ANOVA indicate that F-ratio for the different groups came out to be 1.59, which is statistically insignificant. It indicates that no significant difference was observed among different groups. Different groups were compared using 't' test. Table no. 3(c) depicts 't' ratio among different groups.

Table No. 3(c) 't' ratios of Female High Socio Economic Status, Female Middle Socio Economic Status and Female Low Socio Economic Status adolescents on Academic Cheating

Academic Cheating	Group 1 & Group 2		Group 1 & Group 3		Group 2 & Group 3	
	't' ratio	Level of sig.	't' ratio	Level of sig.	't' ratio	Level of sig.
	0.49	N.S	1.84	N.S	1.28	N.S

From table no. 3(a) the Mean scores of different groups depicts that Group-1 i.e. Female High Socio Economic Status adolescents (56.02 ± 29.96) is highest in comparison with Female Middle Socio Economic Status adolescents (53.14 ± 29.02) and Female Low Socio Economic Status adolescents (46.56 ± 18.73) 't' ratio being 0.49 and 1.84 is statistically insignificant. It indicates that no significant difference was observed among Female High Socio Economic Status adolescents in comparison with Female Middle Socio Economic Status adolescents and Female Low Socio Economic Status adolescents.

The mean scores of Group-2 i.e. Female Middle Socio Economic Status (53.14 ± 29.02) is highest in comparison with Low Socio Economic Status adolescents (46.56 ± 18.73), 't' ratio being 1.28 indicates that no significant difference was observed among Female Middle Socio Economic Status and Female Low Socio Economic Status adolescents on academic Cheating.

Academic Cheating among Adolescents in relation to Socio-Economic Status

Thus the hypothesis that “There is no significant difference in academic cheating among Female adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic” is accepted.

Table No. 4(a) Means, SDs, & SEMs of Urban High Socio Economic Status, Urban Middle Socio Economic Status and Urban Low Socio Economic Status adolescents on Academic Cheating

Sr. No.	Socio Economic Status	Academic Cheating			
		Groups	Mean	SD	SEM
I	Urban High Socio Economic Status adolescents	Group 1 No.36	61.14	28.99	4.83
II	Urban Middle Socio Economic Status adolescents	Group 2 No.53	53.77	27.14	3.72
III	Urban Low Socio Economic Status adolescents	Group 3 No.61	49.07	21.22	2.72

Table No. 4(b) Variance in the Academic Cheating among Urban Adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status

Source of Variation	SS	df	MS	F
Between Groups	3301.78	2	1650.88	2.56
Within Groups	94759.33	147	644.62	N.S
Total	98061.09	149		

From the table no. 4 (b) results of ANOVA indicate that F-ratio for the different groups came out to be 2.56, which is statistically insignificant. It indicates that no significant difference was observed among different groups. Different groups were compared using ‘t’ test. Table no. 4(c) depicts ‘t’ ratio among different groups.

Academic Cheating among Adolescents in relation to Socio-Economic Status

Table No. 4(c) ‘t’ ratios of Urban High Socio Economic Status, Urban Middle Socio Economic Status and Urban Low Socio Economic Status adolescents on Academic Cheating

Academic Cheating	Group 1 & Group 2		Group 1 & Group 3		Group 2 & Group 3	
	‘t’ ratio	Level of sig.	‘t’ ratio	Level of sig.	‘t’ ratio	Level of sig.
	1.22	N.S	2.36	0.05	1.03	N.S

From table no. 4(a) the Mean scores of different groups depicts that Group-1 i.e. Urban High Socio Economic Status adolescents (61.14 ± 28.99) is highest in comparison with Urban Middle Socio Economic Status adolescents (53.77 ± 27.14) and Urban Low Socio Economic Status adolescents (49.07 ± 21.22) ‘t’ ratio being 1.22 is statistically insignificant. It indicates that no significant difference was observed among Urban High Socio Economic Status adolescents in comparison with Urban Middle Socio Economic Status adolescents. However ‘t’ ratio being 2.36 found to be statistically significant at 0.05 level of significance, indicates that Urban High Socio Economic Status adolescents were found to be significantly higher on academic cheating in comparison with Urban Low Socio Economic Status adolescents.

The mean scores of Group-2 i.e. Urban Middle Socio Economic Status (53.77 ± 27.14) is highest in comparison with Low Socio Economic Status adolescents (49.07 ± 21.22), ‘t’ ratio being 1.03 indicates that no significant difference was observed among Urban Middle Socio Economic Status and Urban Low Socio Economic Status adolescents on academic Cheating.

Thus the hypothesis that “There is no significant difference in academic cheating among Urban adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic” is partially accepted.

Table No. 5(a) Means, SDs, & SEMs of Rural High Socio Economic Status, Rural Middle Socio Economic Status and Rural Low Socio Economic Status adolescents on Academic Cheating

Sr. No.	Socio Economic Status	Academic Cheating			
		Groups	Mean	SD	SEM
I	Rural High Socio Economic Status adolescents	Group 1 No.82	56.39	33.44	3.69
II	Rural Middle Socio Economic Status adolescents	Group 2 No.39	48.79	30.75	4.92
III	Rural Low Socio Economic Status adolescents	Group 3 No.29	39.13	20.12	3.73

Academic Cheating among Adolescents in relation to Socio-Economic Status

Table No. 5(b) Variance in the Academic Cheating among Rural Adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic Status

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	6651.72	2	3325.86	3.54
Within Groups	137821.32	147	937	0.05
Total	144473.04	149		

From the table no. 5 (b) results of ANOVA indicate that F-ratio for the different groups came out to be 3.54, which is statistically significant at 0.05 level of significance. It indicates that significant difference was observed among different groups. Different groups were compared using 't' test. Table no. 5(c) depicts 't' ratio among different groups.

Table No. 5(c) 't' ratios of Rural High Socio Economic Status, Rural Middle Socio Economic Status and Rural Low Socio Economic Status adolescents on Academic Cheating

Academic Cheating	Group 1 & Group 2		Group 1 & Group 3		Group 2 & Group 3	
	't' ratio	Level of sig.	't' ratio	Level of sig.	't' ratio	Level of sig.
	1.19	N.S	2.61	0.01	1.47	N.S

From table no. 5(a) the Mean scores of different groups depicts that Group-1 i.e. Rural High Socio Economic Status adolescents ($56.39.14 \pm 33.44$) is highest in comparison with Rural Middle Socio Economic Status adolescents (48.79 ± 30.75) and Rural Low Socio Economic Status adolescents (39.13 ± 20.12) 't' ratio being 1.19 is statistically insignificant. It indicates that no significant difference was observed among Rural High Socio Economic Status adolescents in comparison with Rural Middle Socio Economic Status adolescents. However 't' ratio being 2.61 found to be statistically significant at 0.01 level of significance, indicates that Rural High Socio Economic Status adolescents were found to be significantly higher on academic cheating in comparison with Rural Low Socio Economic Status adolescents.

The mean scores of Group-2 i.e. Rural Middle Socio Economic Status (48.79 ± 30.75) is highest in comparison with Low Socio Economic Status adolescents (39.13 ± 20.12), 't' ratio being 1.47 indicates that no significant difference was observed among Rural Middle Socio Economic Status and Rural Low Socio Economic Status adolescents on academic Cheating.

Academic Cheating among Adolescents in relation to Socio-Economic Status

Thus the hypothesis that “There is no significant difference in academic cheating among Rural adolescents having High Socio Economic Status, Middle Socio Economic Status and Low Socio Economic” is partially rejected.

SUMMARY AND CONCLUSIONS

- Academic Cheating among high socio-economic status adolescents were found significantly higher in comparison with low socio-economic status adolescents. Similar results were observed in case of Male, Urban and Rural adolescents for same groups’ comparison.
- There is no significant difference in academic cheating among female adolescents having high socio-economic status, middle socio-economic status and low socio-economic status.
- No significant difference was found among middle socio-economic status and low socio-economic status adolescents. Results were alike for Male, Female, Urban and Rural adolescents for same groups’ comparison.
- Also academic cheating among high socio-economic status and middle socio-economic status adolescents was found to be on same level for Male, Female, Urban and Rural adolescents.

REFERENCES

- Aduloju, M. O. and Obinne, E. A. D. (2013). Assessment of Sex and Parental Socio-Economic Factors in Examination Cheating Behavior among University Students: Implication for Measurement of Intellectual Functioning and Adjustment. *Open Journal of Education*, 1(7), 177-181.
- Alam, M. M. (2009). “Effect of Creativity and Socio-Economic Status of Students on Academic Achievement”, *Indian Psychological Review*, 72(1), 35-39.
- Kalia, A. K. & Dalal, K. (2011). Manual of Academic Cheating Scale, Agra. *National Psychological Corporation*.
- Kalia, A.K & Sahu (2012). Manual of Socio Economic Status Scale, Agra. *National Psychological Corporation*.
- Khan. I., & Khan. M.J. (2011). Socio-economic status of students and malpractices used in Examinations in urban areas of district Peshawar. *European Journal of scientific research*, 49(4), 601-609.
- McCabe, D.L. (1999). Academic dishonesty among high school students. *Journal of Adolescence*, 34, 681-687.
- McCabe, D.L., Trevino, L.K. & Butterfield, D.K. (2001). Cheating in academic Institutions: A decade of research. *Ethics and Behaviour*, 11(3), 219-232.
- Murdock, T. B., Hale, N. M., & Weber, M. J. (2001). Predictors of cheating among early adolescents: Academic and social motivations. *Contemporary Educational Psychology*, 26, 96–115.

Academic Cheating among Adolescents in relation to Socio-Economic Status

- Okorodudu, G. N. (2013). Peer Pressure and Socioeconomic Status as Predictors of Student's Attitude to Examination Malpractice in Nigeria. *International Journal of Education*, 5(1), 36-51.
- Pandey, S. K. and Maikhuri, R. (2003). "Socio-Economic Status and Academic Achievement", *Journal in PsychoLingua*, 33 (1), 60-64.
- Panigrahi, M.R. (2005). "Academic Achievement in Relation to Intelligence and Socio-Economic Status of High School Students", *Edutracks*, 5(2), 26-27.
- Stephens, J. M. and Nicholson, H. (2008). Cases of incongruity: exploring the divide between adolescents' beliefs and behavior related to academic dishonesty. *Educational Studies*. 34(4), 361–376.

Relationship between Depression and Psychological Well-being of Students of Professional Courses

Pragya Tiwari¹, Dr. Nishi Tripathi²

Keywords: *Depression, Psychological Well-being, Professional Courses.*

The aim of the present research is to study the 'Relationship between Depression and Psychological Well-being of Students of Professional Courses'. The psychological well-being of professional students is a very important component in the training and development in present and future for their career. The present study investigated the relationship between psychological well-being and depression of students of professional courses.

Depression is very common disorder in our society. It is a negative aspect of well-being. In 2002, depression accounted for 4.5% of the worldwide total burden of disease (in terms of disability-adjusted life years). World Health Organization's World Mental Health Survey Initiative has said that India has the highest rate of major depression in the world in 2011. Indians are among the world most depressed individuals. According to a World Health Organization-sponsored study, while around 9% of people in India reported having an extended period of depression within their lifetime, nearly 36% suffered from what is called Major Depressive Episode, WHO's World Health Survey (ICD-10).

In India, there is scarcity of research on prevalence and factors influencing depression among elderly. (Sanjay T V & Jahnavi R).

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, or restless. The individual may lose interest in activities that were pleasurable; experience loss of appetite or overeating; have problems concentrating, remembering details, or making decisions; and may contemplate, attempt, or even desire suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present. Some people describe

¹Research Scholar of department of psychology, Shiats, Sam Higginbottom Institute Of Agriculture, Technology And Sciences, Allahabad

²Associate Professor of department of psychology, Shiats, Sam Higginbottom Institute Of Agriculture, Technology And Sciences, Allahabad

Relationship between Depression and Psychological Well-being of Students of Professional Courses

depression as “living in a black hole” or having a feeling of impending doom. However, some depressed people do not feel sad at all, they may feel lifeless, empty, and apathetic, or men in particular may even feel angry, aggressive, and restless.

In 2002 Dianne A. & Van, used question whether the Beck Depression Inventory (BDI), which is one of the most widely used instruments to assess depression, can be used to measure differences in subjective well-being at national level. He found depression negatively correlated with subjective well-being and other happiness-related variables. These findings suggest that depression had the same meaning at individual and country level and that depression is an adequate measure of (a lack of) well-being at country level.

Wellbeing is a notion that people and policymakers generally aspire to improve. However, it is an ambiguous concept, lacking a universally acceptable definition and often faced with competing interpretations (Akerlof, George A. 2007). Wellbeing is generally viewed as description of the state of people’s life situation (McGillivray 2007, p. 3). Well-being is a dynamic concept that includes subjective, social and psychological dimensions as well as health related behavior. (Spring 2005).

A theoretical model of psychological well-being encompasses 6 distinct dimensions of wellness.

The Ryff Scales of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. These facets include the following:

Autonomy: I have confidence in my opinions, even if they are contrary to the general consensus.

Environmental Mastery: In general, I feel I am in charge of the situation in which I live.

Personal Growth: I think it is important to have new experiences that challenge how you think about yourself and the world.

Positive Relations with Others: People would describe me as a giving person, willing to share my time with others.

Purpose in Life: Some people wander aimlessly through life, but I am not one of them.

Self-Acceptance: I like most aspects of my personality (Carol Ryff 1995)

OBJECTIVE:

- To study the level of depression among students of professional courses.
- To find out the psychological well-being of the students of professional courses.
- To find out the relationship between depression and psychological well-being.

HYPOTHESIS:

- There will be a significant difference between ages with psychological well- being.
- There will be a significant difference between genders with psychological well-being.
- There will be a significant relationship between depression and psychological well-being.

METHODOLOGY:

Sample:

The sample of study consists of 100 students of professional courses master in business administration, master in computer application and master in tourism administration (M.B.A., M.C.A. and M.T.A) from BHU (35 male and 65 female) in the age range of 20 to 28 years(mean=23.55).

Tools:

1. The Beck Depression Inventory (**Beck, A.T., 1996**)
2. Scale of Psychological Well-being (**Carol Ryff 1995**)

1. The Beck Depression Inventory (BDI):

There are 20 question inventory and every questions have four options. It has four point scales ranging from 0 to 3. In first option respondent gains 0 marks, second option respondent gains 1 mark and third option respondent gains 2, fourth option respondent gains 3 marks. The total scores of 20 questions shows depression level, there are four parts of depression based on the score gained. High scores show high depression and low score shows low depression.

Reliability and validity:

Alpha reliability coefficients range from- 0.79 to 0.95 in psychiatric samples and from 0.3 to 0.90 in non-psychiatric samples inducting that the BDI has good internal consistency.

2. Scale of Psychological Well-being Carol Ryff:

The Ryff scale of psychological well-being is a theoretical grounded instrument that specially focuses on measuring multiple facets of psychological well-being. These facets include the following.

Reliability:

Internal consistency of 3 item scale.

1. **Autonomy:** Reliability is (.37).
2. **Environmental mastery:** Reliability is (.49)
3. **Personal growth:** Reliability is (.40)
4. **Positive relations:** Reliability is (.56)
5. **Purposeful life:** Reliability is (.33)
6. **Self-acceptance:** Reliability is (.52)

Procedure:

The study was conducted on 100 students (35 male and 65 female) in the age range of 20 to 28 years (mean=23.55, SD=1.91). The sample was randomly selected from master in business administration, master in computer application and master in tourism administration (MCA, MBA & MTA) from Banaras Hindu University (BHU). BDI-I and psychological well-being scale was individually administered to each respondent. After a formal introduction, the scale

Relationship between Depression and Psychological Well-being of Students of Professional Courses

was filled by them, and the duly filled in scales were collected with a word of thanks for their support. When all response sheets were collected, scoring and data analysis was completed. Descriptive statistics (Mean, Standard Deviation, t value and correlation) were used for the analysis of data. On the basis of their scores and socio-demographic detail, some suitable tips were given to maintain their well-being and coming out of depression.

RESULT:

Table-1 Demographic variable: Gender of students of professional courses

	Frequency	Percent
Male	35	35.0
Female	65	65.0
Total	100	100.0

Table-2 presents gender of the students of professional courses. The findings of the table presenting that there were equal distribution of gender (male= 35%, Female=65%).

Table-2: Correlation between Age and gender with Psychological Well-being

Variable	Total psychological well-being	Autonomy	Environmental Mastery	Personal Growth	Positive Relation	Purposeful life	Self-Acceptance
Age	-.188	-.56	-.196	-.108	-.03	-.036	-.231*
Gender	.194	.094	.158	.137	.034	-.097	.287*

** Significant at the 0.01 level

*Significant at the 0.05 level

The findings of table-2 present the correlation between age, gender and psychological well-being. The table indicates that there is a negative correlation between age and self-acceptance ($r = -.231$) at .05 level of significance, which suggest that student with increasing age reported in self-acceptance.

The table further indicates that there is a positive correlation between gender and self-acceptance ($r = -.231$) at .05 level of significance, which suggest that female students reported high in self-acceptance.

Table-3: Correlation between depression and Psychological Well-being.

Variable	Total psychological Well-being	Autonomy	Environmental Mastery	Personal Growth	Positive Relation	Purposeful life	Self-Acceptance
Depression	-.254**	-.264**	-.074	.081	-.212*	-.101	-.345**

** Significant at the 0.01 level

*Significant at the 0.05 level

The findings of table-3 present the correlation between depression and psychological well-being. The table indicates that there is a negative correlation between depression and total well-being ($r = -.254$) at .01 level of significance, which suggest that students with low depression reported high in total psychological well-being. The table further indicates that there is a negative correlation between depression and autonomy dimension of psychological well-being ($r = -.264$) at .01 level of significance, which suggest that students with low depression reported high in autonomy dimension of psychological well-being. The table further indicates that there is a negative correlation between depression and positive relation dimension of psychological well-being ($r = -.212$) at .05 level of significance, which suggest that students with low depression reported high in positive relation dimension of psychological well-being. The table further indicates that there is a negative correlation between depression and self-acceptance dimension of psychological well-being ($r = -.345$) at .01 level of significance, which suggest that students with low depression reported high in self-acceptance dimension of psychological well-being.

Table-4: Mean, SD and t value of depression with gender variable

Variable	Gender	N	Mean	SD	T	P
Depression	Male	35	6.80	4.714	-1.450	0.05
	Female	65	5.40	4.548		

Table-4 presents the comparison between depression and gender variable. The finding of the table indicates that the t value for depression (-1.450) is significant at .05 level which suggests that males (mean=4.80, sd=4.714) reported more neuroticism than females (mean=4.548, sd=4.546). This means that males have shown more feeling of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view and physical well-being (Salmans, Sandra 1997).

Table-5: Mean, SD and t value of psychological Well-being with gender variable

Variable	Gender	N	Mean	SD	T	P
Total psychological well-being	Male	35	75.77	4.714	-1.953	0.05
	Female	65	79.54	4.548		
Autonomy	Male	35	11.23	2.522	-.935	NS
	Female	65	11.72	2.522		
Environmental Mastery	Male	35	12.94	3.086	-1.582	0.05
	Female	65	13.88	2.661		
Personal Growth	Male	35	13.63	3.135	-1.368	0.05
	Female	65	14.42	2.512		
Positive Relation	Male	35	12.77	2.829	-.339	NS
	Female	65	12.97	3.090		
Purposeful life	Male	35	13.23	3.344	-.968	NS
	Female	65	12.68	2.319		
Self-Acceptance	Male	35	11.97	10.655	-2.970	0.01
	Female	65	13.86	8.326		

Table-5 presents the comparison between psychological well-being and gender. The finding of the table further indicates that the t value for total psychological well-being (-1.953) is significant at .05 level which suggests that females (mean=79.54, sd=4.548) reported more total well-being than males (mean=75.77, sd=4.548). This means that females have shown more Wellbeing is generally viewed as description of the state of people's life situation. The finding of the table further indicates that the t value for Environmental Mastery dimension of psychological well-being (-1.582) is significant at .05 level which suggests that females (mean=13.88, sd=2.661) reported more neuroticism than males (mean=12.94, sd=3.086). This means that females have shown more sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding. The finding of the table further indicates that the t value for personal growth dimension of psychological well-being (-1.368) is significant at .05 level which suggests that females (mean=14.42, sd=2.512) reported more personal growth than males (mean=13.63, sd=3.135). This means that males have shown more feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees

Relationship between Depression and Psychological Well-being of Students of Professional Courses

improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness. The finding of the table further indicates that the t value for self-acceptance dimension of psychological well-being (-2.970) is significant at .01 level which suggests that females (mean=13.86, sd=8.326) reported more self-acceptance than males (mean=11.97, sd=10.655). This means that males have shown more positive attitude toward the self; acknowledges and accepts multiple aspects of self-including good and bad qualities; feels positive about past life.

CONCLUSION:

1. In increasing age, professional student's self-acceptance was low.
2. In female's students of professional courses, self-acceptance was high as compared to male students.
3. When depression was high, autonomy, positive relation and self-acceptance dimension of well-being found to be low.
4. Students with depression had many difficulties to accept real condition (often a negative or uncomfortable situation).

REFERENCES:

- Akerlof, George A. (2007). The Missing Motivation in Macroeconomics. *American Economic Review* 97(1): 5-36.
- APA Diagnostic Classification DSM-IV-TR . Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Copyright 2000 American Psychiatric Association.
- Beck A.T., Steer R.A., & Brown G. Beck (1996). Beck's Depression Inventory Scale.
- Bradburn; Norman, M. & Noll S.C.E (1969). The structure of psychological well-being Chicago: Aldine publication & corporation. Council of International Organization for Medical Science (2000). Biomedical Research Ethics: Updating International Guidelines. Geneva:Author.
- Diener, E., Oishi, S., & Lucas, R. E. (2002). Subjective well-being: The science of happiness and life satisfaction. In C.R. Snyder & S.J. Lopez (Ed.), *Handbook of Positive Psychology*. . p. 63 Oxford and New York : Oxford University Press.
- Duckworth, A. L.; Steen T. A. & Seligman M. E. P.(2005). Positive psychology in clinical practice, *Annual review of clinical psychology*, 1, 629-651.
- Erikson, E. (1959). Identify and the life cycle psychological issues, 1: 18-167.
- Fournier; Louise & Vivianne, Kovess (1993). A comparison of mail and telephone interview strategies of mental health surveys. *The Canadian Journal of psychology*, 38(3) 33-255.
- Galbraith, G.; Straus M., Jordan Viola & Cross, H. (1974). Social desirability ratings from males and females : A sexual items . *Journal of consulting and clinical psychology*, 42, 909-910.
- James C. Coleman; (1988). *Abnormal psychology and modern life*, university of California at Los Angeles ,Copyright by D. B. Taraporevala Sons & co. private ltd .85-134,722-732.

Relationship between Depression and Psychological Well-being of Students of Professional Courses

- Katon W. & Ciechanowski, P. (2002). Impact of major depression on chronic medical illness. *J Clin, J Psychosom* 859-863.
- Katon ,W. & Sullivan M. D. (1990). Depression and chronic medical illness. *J clin Psychiatriy*.3-11.
- Langone M. D. (1993). recovery from cults: help for victims of psychological and spiritual abuse. New York : Norton.
- Major B. & Razow R. H. (1999). Abortion as stigma: cognitive and emotional Implications of concealment. 735-745.
- McGillivray, Mark. (2007). Human Well-being: Issues, Concepts and Measures. In Mark McGillivray, Human Well-Being: Concept and Measurement. Basingstoke, Palgrave MacMillan, UK.
- National institute of mental health retrieved. September 3(2008).
- Nolen, S. & Hoeksema (2001). Gender Differences in Depression. Department of Psychology, University of Michigan, Ann Arbor, Michigan: copyright 2001, American Psychological Society.
- Robinson, M. D., & Ryff, C. D. (1999). The role of self-deception in perceptions of past, present, and future happiness. *Personality & Social Psychology Bulletin*, 25(5), 595-606.
- Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science*, 4, 99-104.
- Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality & Social Psychology*, 69(4), 719-727.
- Salmans, Sandra (1997). Depression: Questions You Have – Answers You Need. People's Medical Society, 978-1-882606-14-6.
- Sanjay T V, Jahnavi R, Gangaboraiah B, Lakshmi P, Jayanthi S.(2014). Prevalence and factors influencing depression among elderly living in the urban poor locality of Bengaluru city. *International Journals Health Allied Science*, 3:105-9.
- Schwarz, N., & Strack, F. (1991). Evaluating one's life: A judgement model of subjective well-being. In F. Strack, M. Argyle, & N. Schwarz (Eds.), *Subjective Well-being: an interdisciplinary perspective*. Oxford : Oxford University Press,pp.27-48.
- Singer, M. et al, (1986). "Report of the APA task force on deceptive and indirect techniques of persuasion and control (DIMPAC report)" American Psychological Association.
- Spring (2005). The Ryff Scales of Psychological Well-Being. University of Iowa.
- Waterman, A.S. (1993). Two conceptions of Happiness: Contrasts of personal expressiveness (Eudaimonia) and Hedonic Enjoyment. *Journal of Personality and Social Psychology*, 64 (4), 678-691.
- W H O (1993). International statistical classification of diseases.

The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City

Melody Shahab¹

ABSTRACT:

The present study aimed to determine the effectiveness of the "Acceptance and Commitment Therapy (ACT)" in reducing symptoms of anxiety in adolescent girls in Tehran. 30 girls of 14 and 18 years of age, who were referrers to the Ertebat ,Hamdardi ,Movaffaghiat Psychology Center of Tehran because of symptoms of anxiety, were selected and randomly assigned to a test group and a control group each one including 15 patients. The Acceptance and Commitment Therapy Protocol of 12 sessions were conducted on the experimental group. The control group received no intervention. The research method used in the study was the pretest- posttest semi-experimental method with the control group. To measure the symptoms of anxiety in the study, the dass-42 questionnaires were used and to analyze the data the SPANQVA test was applied. The data analysis results indicated the effectiveness of the Acceptance and Commitment Therapy in reducing the adolescent girls' symptoms of anxiety. The results indicate that the improvement of psychological flexibility which is the major component of the Acceptance and Commitment Therapy has a considerable effect on the dependent variable.

Keywords: *Acceptance and Commitment Therapy (ACT)", psychological flexibility, anxiety*

General anxiety disorder (GDA)₃, is one of the most frequent anxiety disorders having a high simultaneousness with the other anxiety disorders. The characteristic feature of that disorder is an extremist and uncontrollable anxiety, associated with some anxiety symptoms.

For curing that disorder, beyond pharmaceutical therapy, numerous psychological therapies have also been developed through successive years. The first generation of the behavioral approaches in contrast to the earlier psycho-analytical approaches was suggested on the foundation of classic conditional views, in decades of 1950, and 1960. The 2nd generation of those therapies was come to existence under the title of behavioral-cognitive therapy, with a greater emphasis on the cognitive aspects, up to the decade of 1990. Most precision studies related to the anxiety disorders have been conducted using cognitive-behavioral techniques, seemingly are influential both in short term, and in long term too (Sadook & Sadook, translated by Mr. FarzinRezaiee,2008).

¹Islamic Azad University at Kish, International uni.

The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City

But today, we are confronted with the 3rd generation of those therapies, which they can be called and classified under the general title of the models based on acceptance; Such as acceptance & commitment therapy (ACT)¹⁴, these therapies are trying to increase psychological relation/link of the individual with thoughts & sensibilities/sympathies (Izadi & Abedi, 2014).

In ACT the essential goal is creating psychological flexibility; i.e. producing practical ability to choose among different options whichever is more appropriate, rather than an action merely for avoiding the thoughts, sympathies & sensibilities, impressions, and or disturbing inclinations/tendencies, which is in fact, imposed with biasing on the individual. In recent years, the efficiency of acceptance & commitment therapy in curing general anxiety disorder has been confirmed (Ramer & Orsilo⁵, 2007). It is expected that, developing and fostering «acceptance» in the referee subjects, would entail in decrease of «cognitive avoidance», and development and growth of the «value-based life» would also cause increase in the individual's practice and action in different fields of his life (Eifert& Forsyth⁶, 2005). Or self-personal episode. In the 5th step assistance and help is given to the individual to recognize his personal essential values, and finally producing impetus & motive to the performing as obligatory that is, doing activity towards the specified and defined objectives and values, along with accepting the mental experiences (Sawdara, 2007).

The main goal of the acceptance & commitment therapy is mostly shifting orientation of focus and efforts of the referee subjects far away from idle objectives & goals (like as decreasing unpleasant thoughts and sensibilities & sympathies) towards actions based on their demands of a desirable life. The entire efforts of a consultant for the growth & fostering a «value based life» is to help referee (subjects) to find their own favorable living method & procedure, and proceed merely with that method. All of the therapeutic efforts shall focus on behaviors ahead of values chosen by reference/referral authorities (Eifert & Forsyth, 2005). Accordingly the intended question here in the present research is: whether the acceptance & commitment therapy is efficient for decreasing anxiety of the youngster girls?

The research method

The community, sample and sampling

The investigation method is of the type semi-test, with a pre-test and post-test plan, on the control group. In this research, the statistical context included all youngster girls at the ages of 14 to 18, who had referred to a consultative & psychological service center in the city of Tehran in 2013.

³ General Anxiety Disorder

⁴ acceptance & Commitment Therapy (ACT)

⁵ Romer & Orsillo

⁶ Eifert, H. G. ,& Forsyth

The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City

The available sampling method is together with random substitution in the control and test groups. The sample volume for each group in the present study estimated as 15 (subject) people. In this research in order for collecting data, questionnaire was employed.

The scale & measure for depression and DASS stress

This scale was developed by Lavy bund and Lavybundin 1995. It has two forms. its main form(this form) includes of 42questions in which every mental structures such as" stress" , "anxiety", "depression" are evaluated by 14 different question. Sahebi and colleagues (1384) have verified Short questioners form for Iran population that it consists of 21 questions. Studies have been done by Lavy bund and Lavy bund (1995), illustrates that retest reliability for **Ancillary infra structures** were 81% for stress 79% for anxiety, 71% for depression, respectively. Also, Validity for beek anxiety inventory and beek depression inventory with correlation coefficients, were 81%and74%respectively. Therefore, this scale has suitable reliability to use in research and Diagnostic activities.

Performance method

Initially, by performing Dass42 test on female adolescent between 14 and 18 years old who went to health centers, they Randomly divided into two equal groups(N = 15),experimental and control groups, by using of sampling method from 30 female teenagers Those who have symptoms of selection anxiety. In there-test, Doss 42 test on subject's performance, and subjects experimental groupin12 sessions and 45to 60minutes for each session, exposed to therapy acceptance and commitment, and then in the middle period, above test be checked again as a revision. Finally, the mentioned test was performed as a pre-test in the last session.

Data analysis method

In this research, based on variables those to be survey ed and the types of collected data and to describe them in central tendency, distribution and Distribution of scores. In the analytical part, due to the nature of measurement scale of interval one and due to three dependent variable measurements before and after therapy for control and experimental groups, split- plot analysis of variance method was used.

But in inferential and analytical step, first difference between anxiety scores in before therapy in the experimental and control groupie order to select the suitable test (analysis of variance for control the effect of pre-test) for two independent group, was tested by using of t- test.

The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City

Hypothesis: reduction of student's anxiety is affected by acceptance and commitment therapy (ACT).

The following table shows the results of this test. As regards in that level of Meaningful test is higher than 0.05, thus. It's supposed to be zero where there isn't any different between scores of anxiety in control group and experimental groups this supposition is accepted. Therefore, there is not necessary to Kuryanc analysis in order to control the effect of pretest as covariate variable.

Independent T-test result for test of anxiety scores difference before of control and experimental group therapy

High range	Low range	Deviation scale	Meaningful level	Free degree	t	Lyon test	
						Meaningful level F	
1.003	-2.603	0.880	-.800	0.371	28	-.909	0.252

Above Hypothesis result illustrate that level of Meaningful test is higher than 0.05, thus. It's supposed to be zero where there isn't any different between scores of anxiety in control group and an experimental group, this supposition is accepted.

DISCUSSION AND CONCLUSION

Results of the research show different between experiment and control groups. According the obtained data, there is a significant difference between both groups in anxiety scores ($F_{1,28}=64601$; $p=0.000$). In other words, acceptance and commitment therapy has caused reducing stress scores in the experiment group. Eta coefficient (0.698) shows that there are identified about 70% variance of the dependent variable (anxiety scores) have been explained through interference therapy. Results of the conducted studies by I not and Farsi's (2006) show that state worrying will reduce anxiety in short-term, and it increases anxiety in long-term. Acceptance and commitment therapy with awareness-based exercises (self as field and relationship with now) reduce experimental avoidance and increase acceptance. In the other hand, mixing and cognitive inequality will be increased that it will increase flexibility.

In the other hand, anxiety decreases focusing on valuable objectives. In acceptance and commitment therapy, anxiety will be decreased by increasing experimental avoidance, acceptance and flexibility. It provides proper requirements to focus on valuable objectives.

The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City

Emphasizing, reconstructing and performing values will increase focusing on valuable objectives.

The finding is consistent with the carried out research by Motto (2012). In research of treating main anxiety using acceptance and commitment therapy method, he concluded that it is not a good method to treat people with main anxiety, but increases their mental-social performance. It is also consistent with the carried out researches by Touhig and Hees (2008) and Long Moore and Worl (2007). They studied effectiveness of treating acceptance and commitment therapy on the generalized anxiety disorder. They concluded that acceptance and commitment therapy is effectiveness to treat the disorder.

REFERENCES:

Kaplan and Sadock's Synopsis of Psychiatry In (1387). Summary of psychiatry. translation by Farzin Rezaei . Tehran, Arjmand.

Barlow DH. Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic, 2th ed. New York: Guilford Press; 2002 .p. 65 -75.-American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Text Revision (DSM -IV -TR) Washington DC: American Psychiatric Press; 2000.

-Eifert, H. G. ,& Forsyth, P. J .(2005). *Acceptance & CommitmentTherapy for anxiety disorders*. Oakland: harbinger.

-Long m.re

-Moto (2012)

-Roemer, L. , &Orsillo, S. M. (2007).*An open trial of an acceptancebasedbehavior therapy for generalized anxiety disorder*. BehaviorTherapy, 38, 72.85

-Saavadara (2007)

-Twohig & Hayes

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

Ajaz Ahmad¹

ABSTRACT:

This study was conducted to discover the relationship between spiritual personality and emotional empathy among medical and unani students. The target population consisted of students from faculty of medicine of JNMC (Jawaharlal Nehru Medical College, Aligarh, UP) and faculty of unani of AKTC (Ajmal Khan Tibbiya College, Aligarh, UP). The sample comprised of 100 participants (50 female and 50 male) whose age range was from 24 to 27 years. Out of 100 participants, 50 students were from MBBS course and the remaining 50 students were from BUMS course. The participants were selected by simple random sampling method. Data were obtained through Spiritual Personality Inventory (SPI) developed by Husain, Luqman and Jahan (2012) and Emotional Empathy Scale (EES) developed by Mehrabian and Epstein (1972). The data were analyzed by means of Pearson Product-Moment Correlation. SPSS 16.0 version was used to analyze the data. The obtained results indicated that in the MBBS male and female students, and BUMS male students only, spiritual personality is related to emotional empathy. The findings suggested that students of helping profession with spiritual personality express more empathic attitude toward others which is essential for speedy recovery of the patients.

Keywords: *Spiritual Personality, Emotional Empathy.*

Practitioners of the allopathic medicine and unani medicine may seem to be very incompatible and in some ways even antagonistic to each other. However, the practitioners of either system understand that a healthy balance between body and mind leads to total health. Both allopathic and unani medicine practitioners understand the need for total health. This has the ultimate aim and goal of producing a state of physical and mental health thus ultimately leading to the optimum well-being of the individual.

Actually, emotional empathy is very crucial for understanding the needs of those who seek healthcare services. This has the ultimate aim of providing better healthcare services. The researcher thus attempted to explore whether empathic qualities are found more among spiritual people or not. Therefore, exploring the relationship between spiritual personality and emotional empathy among the trainees of the two healthcare professions (MBBS and BUMS) was of significant importance.

¹M.Phil. – Clinical Psychology trainee, Amity Institute of Behavioural & Allied Sciences, Amity University, Rajasthan

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

Statement of the Problem:

From the literature, it seems that there is no evidence to support the argument that spiritual personality and emotional empathy are critical importance to health caregivers. There is no clear understanding on how these factors purported to be associated with the development of personality of health caregivers. The present investigator believes that there is an important relationship between spiritual personality and emotional empathy, any research trying to determine this relationship among prospective health caregivers has not been made.

It is important for the medical colleges and Unani colleges to know which aspect plays important role in having big impact in developing the personality of health caregivers. The notion that noble attitude toward others and moral rectitude factors of spiritual personality and emotional empathy are important for the realization of professional goals particularly in the colleges of medical profession has remained untapped by researchers. Consequently, empirical research evidence is still needed to support the proposed link between spiritual personality and emotional empathy among prospective health caregivers.

Personality: Meaning and Definitions:

The word “Personality” has been derived from the Latin word “Persona”, which referred to the mask that Greek actors wore while acting. This, however, is not the meaning taken in the modern word “personality”. Personality is not a fixed state but a dynamic totality which is continuously changing due to interaction with the environment. It is known by the conduct, behaviour, activities, movements and everything else concerning the individual. It is the way of responding to the environment, the way in which an individual adjusts with the external environment (Sharma, 2006).

“Personality is the superstructure of the relatively consistent and enduring innate-learned, apparent-hidden characteristics of an individual like physical appearance, attitudes and behaviour that combine together and influence one’s ways of interaction with the environment” (Ahmad, 2014).

According to Allport, personality is “a dynamic organization within the individual of those psychophysical systems that determine his unique adjustment to his environment” (Allport, 1937).

Spirituality: Meaning and Definitions:

What is most obvious in the meaning of “spirituality” is that it comes from its root word, which is “spirit”. The suffix “uality” qualifies the use of “spirit” in this instance (“Basic Meaning of Spirituality”, 2010). Spiritual practices, including meditation, prayer and contemplation are intended to develop an individual's inner life. Spiritual experience includes that of connectedness with a larger reality, yielding a more comprehensive self; with other individuals or the human

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

community; with nature or the cosmos; or with the divine realm. Spirituality is often experienced as a source of inspiration or orientation in life. It can encompass belief in immaterial realities or experiences of the immanent or transcendent nature of the world (Montenegro, 2012).

The true meaning of spirituality is that it is way of life that gives proper value to the spiritual dimension of our existence and creation. This means that we acknowledge the primacy of the spirituality in our life, its essentiality, and its finality, and act accordingly.

- ***Primacy of Spirituality:***

We acknowledge the primacy of the spiritual in our life. This means that we are certain that we came from a spiritual source, one that is not perceivable by our senses. This spiritual source has real connection with us even now and is really in charge of our life. We cannot get out of this connection with our spiritual source. If we are believers in God, we call this God. If we are atheists but live a life of spirituality, we may call this source Ultimate Energy.

- ***Essentiality of Spirituality:***

Secondly, we acknowledge the essentiality of the spiritual in our life. This means that what is most important in our life is not material things or money, fame or position of authority, but the possession of spiritual qualities which make us more human. For us to be human is to be spiritual. Spirituality is an essential component of our humanity. Without spirituality we are no longer human beings. It is that essential.

- ***Finality of Spirituality:***

Thirdly, we acknowledge the finality of the spiritual. Our goal in life is a spiritual goal, not the accumulation of riches or material rewards such as lands and buildings. The goal of our life is union with the Ultimate Spirit. In this our real and genuine happiness consists.

Who is a Spiritual Person ?

“A spiritual person is like a mariner in the storm, he slackens sail, waits, hopes, and the storms do not prevent him from loving seas. He who loves God shall get the essence of spiritual quality; only who desires spiritual life with his full faith, wisdom and whole heart shall find it. If a person is truly spiritual, he would believe the unity in diversity and the oneness of all life on earth” (Husain, Luqman, & Jahan, 2012).

Spirituality as a Personality Trait:

As a personality trait, spirituality encompasses values like altruism, unity, charity, inner peace, generosity, and purpose in life. Such people score high on psychological tests of spirituality.

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

For a man with spiritual personality, the responses to life are, in their quality, established and well-organized; one can count in him. He has positive emotions, desires, and ideas. He is a whole person with a unifying pattern of thought and feeling that gives coherence to everything that he does. His “well-integrated” life does not mean a placid life, with all conflicts resolved. Many great souls have been inwardly tortured. In all strong characters, when one listens behind scenes, one hears echoes of strife and contentions. Nevertheless, far from being at loose ends within themselves, such persons have organized their lives around some supreme values and achieved a powerful concentration of purpose and drive.

A spiritual personality refers to the totality of certain spiritual characteristics of a person. Characteristics of spiritual personality include: inner peace, purpose in life, sense of oneness, righteousness, patience, etc.

Noble Attitude toward Others (NATO):

“The essential characteristic of a spiritual person is noble attitude toward others. A spiritual person is one whose behaviour is governed by the divine attributes such as kindness..... and who lives for the sake of others” (Husain, Luqman & Jahan, 2012).

Moral Rectitude (MR):

The core characteristics of a spiritual person whose behaviour is governed by moral rectitude are self-controlled, steadfast, firm and patient, pure and clean, satisfied etc. (Husain, Luqman & Jahan, 2012).

Empathy: Meaning and Definitions:

The English word “Empathy” is derived from the Ancient Greek word *πάθεια* (*empathia*), meaning “physical affection”, “passion, and partiality” which comes from *ἐν* (*en*), “in, at” and *πάθος* (*pathos*), “passion” or “suffering”. The term was adapted by Hermann Lotze and Robert Vischer to create the German word “*Einfühlung*” (meaning “feeling into”), which was translated by Edward B. Titchener into the English term “Empathy”. (“Empathy”, 2012).

According to Berger (1987), empathy is “the capacity to know emotionally what another is experiencing from within the frame of reference of that other person, the capacity to sample the feelings of another or to put one’s self in another’s shoes.”

According to Stein (1989) “Empathy is the experience of foreign consciousness in general.”

Decety (2004) opines that “A sense of similarity in feelings experienced by the self and the other, without confusion between the two individuals.”

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

Emotional Empathy:

"Emotional Empathy" is defined as one's vicarious experience of another's emotional experiences -- feeling what the other person feels. In the context of personality measurement, it describes individual differences in the tendency to have emotional empathy with others. Some individuals tend to be generally more empathic in their dealings with others; they typically experience more of the feelings others feel, whereas others tend to be generally less empathic (Definition of Emotional Empathy, 2012).

MBBS:

The term "MBBS" stands for Bachelor of Medicine and Bachelor of Surgery.

BUMS:

The term "BUMS" stands for Bachelor of Unani Medicine and Surgery.

LITERATURE REVIEW

The detailed literature review indicated that emotional empathy is linked to various variables which include both personal characteristics and personality variables. The investigator, however, didn't come across a single study where the relationship between spiritual personality and emotional empathy among health care-givers was examined. Hence, the present study was conducted to explore the relationship between spiritual personality and emotional empathy among MBBS and BUMS students. The key literature references are given as under:

Key Literature References:

- Barett-Lennard, 1981
- Barnett et al., 1987
- Campbell et al. 1971
- Duan & Hill, 1996
- Eisenberg, & Miller, 1987a; 1987b
- Gladstein, 1977
- Greenson, 1960
- Hoffman, 1987
- Hogan, 1969
- Holm, 1996
- Ickes, 1993, 1997
- Kerem et al., 2001
- Kohut, 1980

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

RESEARCH METHODOLOGY

Rationale of the Study:

Practitioners of the allopathic medicine and unani medicine understand that a healthy balance between body and mind leads to the total health of an individual. Emotional empathy is very crucial for understanding the needs of those who seek healthcare services. This has the ultimate aim and goal of providing better healthcare services. Empathy is considered as one of the most important spiritual virtues. Therefore, exploring the relationship between spirituality and empathy is of significant importance.

Research Objectives:

1. To find out the relationship between Spiritual Personality (SP) and the factors of spiritual personality: Noble Attitude toward Others (NATO) and Moral Rectitude (MR), with Emotional Empathy (EE) among male MBBS students.
2. To find out the relationship between Spiritual Personality (SP) and its factors: NATO and MR, with Emotional Empathy (EE) among male BUMS students.
3. To find out the relationship between Spiritual Personality (SP) and its factors: NATO and MR, with Emotional Empathy (EE) among female MBBS students.
4. To find out the relationship between Spiritual Personality (SP) and its factors: NATO and MR, with Emotional Empathy (EE) among female BUMS students.

Hypotheses:

HO1: There is no significant relationship between Spiritual Personality (SP) and the factors of spiritual personality: Noble Attitude toward Others (NATO) and Moral Rectitude (MR), with Emotional Empathy (EE) among male MBBS students.

HO2: There is no significant relationship between Spiritual Personality (SP) and its factors: NATO and MR, with Emotional Empathy (EE) among male BUMS students.

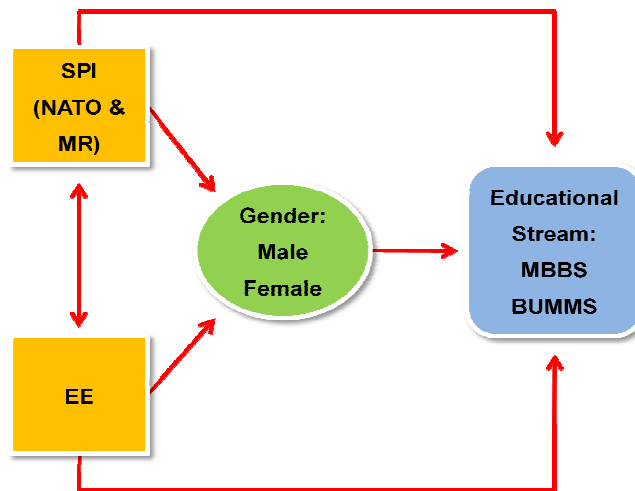
HO3: There is no significant relationship between Spiritual Personality (SP) and its factors: NATO and MR, with Emotional Empathy (EE) among female MBBS students.

HO4: There is no significant relationship between Spiritual Personality (SP) and its factors: NATO and MR, with Emotional Empathy (EE) among female BUMS students.

Conceptual Framework:

The following figure representing the conceptual framework provides insight that the factors of spiritual personality are helpful in developing emotional empathy in male and female students of two different streams.

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students



Research Design:

The present study is of correlation in nature. Correlational studies aim to examine the relationship between two or more variables, to see whether they co-vary, correlate, or are associated with each other. In such studies, researcher measures a number of variables for each participant, with the aim of studying the associations among these variables.

Population and Participants:

The target population consisted of students from faculty of medicine of Jawaharlal Nehru Medical College (JNMC) and faculty of unani of Ajmal Khan Tibbiya College (AKTC), both affiliated to Aligarh Muslim University (AMU), Aligarh, UP. The sample comprised of 100 participants (50 female and 50 male) whose age range was from 24 to 27 years. Out of 100 participants, 50 students were from MBBS course and the remaining 50 students were from BUMS course. The participants were selected by simple random sampling method.

Inclusion and Exclusion Criteria:

Inclusion Criteria:

- a) MBBS and BUMS trainees of Aligarh Muslim University
- b) Both Male and Female trainees
- c) Those within the age-range of 24 to 27 years

Exclusion Criteria:

- a) Newly joined trainees at AMU
- b) Healthcare trainees other than MBBS and BUMS
- c) MBBS and BUMS trainees living outside Aligarh
- d) MBBS and BUMS trainees outside the age-range of 24-27 years

RESEARCH INSTRUMENTS

1. *Spiritual Personality Inventory (SPI)*:

The SPI was developed by Husain, Luqman and Jahan in 2012. The SPI consisted of 32 statements that inquire about the thoughts and feelings of individuals pertaining to their spiritual aspect of life. This inventory is comprised of two sub-scales:

- ***Noble Attitude toward Others (NATO)***: It encompasses 18 statements.
- ***Moral Rectitude (MR)***: It encompasses 14 statements.

Reliability:

The reliability of a personality test is usually determined by internal consistency methods. Since SPI is a homogenous test, one would expect a high correlation to emerge with split-half and Cronbach's coefficient alpha methods of reliability.

The split-half correlation of 0.82 was found for the whole sample. The Cronbach's coefficient alpha for the whole sample was found to be 0.86. The Cronbach's alpha for the two factors, namely, noble attitude toward others and moral rectitude were found to be 0.84 and 0.74 respectively.

Validity:

Content validity refers to whether a test is measuring the domain that it is supposed to be measuring. In gathering items for the SPI, the authors collected a wide range of characteristics that seemed relevant to having a spiritual personality. Unreliable items and ambiguous items were discarded, but the final scale includes items about noble attitude toward others and about moral rectitude.

2. *Emotional Empathy Scale (EES)*:

This scale was developed by Mehrabian and Epstein (1972). This scale consists of 33 statements that inquire about the thoughts and feelings of individuals in a variety of situations each of which assesses a specific aspect of empathy. Scores for each item can range from 1 to 9, with a higher score indicating a greater level of empathy. The subject has to choose the appropriate response to each statement.

Validity:

To support the validity of their test, Mehrabian and Epstein conducted two studies that are consistent with some of the state prison inmates.

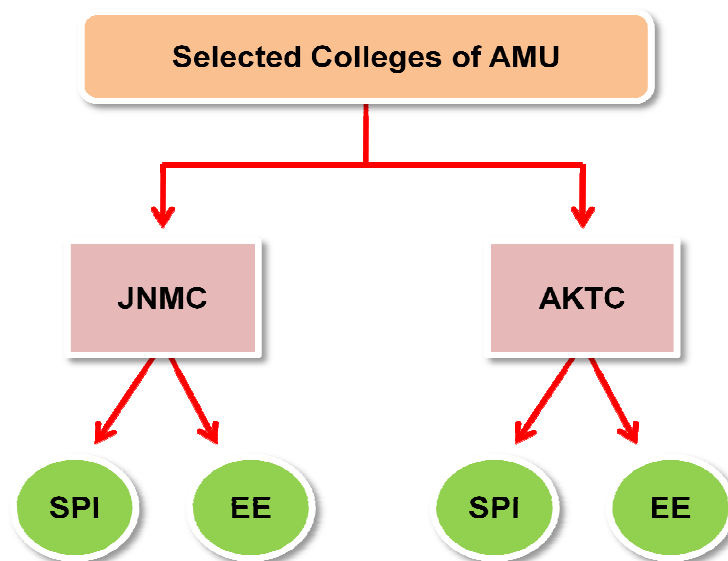
Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

First, they found that college students who scored high on their emotional empathy test were less willing than low scorers to "punish" fellow students for incorrect answers by administering electric shocks.

In the second experiment, high scorers were more willing than low-scoring students to help a fellow student who was having trouble with a course. Clearly, emotional empathy serves to inhibit aggression and promote helping others.

Procedure of Data Collection:

The following figure illustrates the procedure of data collection in this study.



Data Analysis:

The data were analyzed by means of Pearson Product Moment Correlation. SPSS 16.0 version was used to analyze the data. Pearson Product Moment Correlation was used to examine the relationship between two personality variables among male and female MBBS and BUMS students. The t-test was used for testing the significance of correlation. Z test was used for testing the significance of difference between male and female MBBS and BUMS students in correlation coefficients.

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

RESULT AND DISCUSSION

Correlation Analysis:

Table No. 1: Pearson Product Moment Correlation Coefficients: Relationship between Spiritual Personality and Emotional Empathy, and factors of Spiritual Personality (NATO & MR) and Emotional Empathy among Male and Female, MBBS and BUMS students.

Variables	Male		Female	
	MBBS (r)	BUMS (r)	MBBS (r)	BUMS (r)
SP/EE	0.73*	0.82*	0.82*	0.10
NATO/EE	0.48**	0.68*	0.78*	0.25
MR/EE	0.75*	0.70*	0.81*	0.03

*p < .01, **p < .05

t Test:

Table No. 2: t values showing significance of correlation between Male and Female MBBS and Male and Female BUMS students in the relationship scores of Spiritual Personality with Emotional Empathy, and factors of Spiritual Personality (NATO and MR) with Emotional Empathy.

Variables	Male		Female	
	MBBS	BUMS	MBBS	BUMS
SP/EE	5.12*	6.70*	6.70*	0.47
NATO/EE	2.63**	4.45*	5.74*	1.92
MR/EE	5.26*	4.69*	6.22*	1.48

*p < .01, **p < .05

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

z Test:

Table No. 3: Showing difference between Male and Female MBBS students in the relationship scores of Spiritual Personality and Emotional Empathy.

Subjects	N	R	Fz	σ DZ	Z
Male MBBS	25	.73	.93	0.3014	1.24*
Female MBBS	25	.82	1.16		

* > .05

Table No. 4: Showing difference between Male and Female MBBS students in the relationship scores of Noble Attitude toward Others and Emotional Empathy.

Subjects	N	R	Fz	σ DZ	Z
Male MBBS	25	.48	0.54	0.3014	1.69*
Female MBBS	25	.78	1.05		

* > .05

Table No. 5: Showing the difference between Male and Female MBBS students in the relationship scores of Moral Rectitude and Emotional Empathy.

Subjects	N	R	Fz	σ DZ	Z
Male MBBS	25	0.75	0.97	0.3014	0.53
Female MBBS	25	0.812	1.13		

> .05

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

Table No. 6: Showing difference between Male and Female BUMS students in relationship scores of Spiritual Personality and Emotional Empathy.

Subjects	N	R	Fz	σ DZ	Z
Male BUMS	25	0.82	1.16	.3014	3.50*
Female BUMS	25	0.10	0.10		

* < 0.01

Table No. 7: Showing difference between Male and Female BUMS students in relationship scores of Noble Attitude toward Others and Emotional Empathy.

Subjects	N	R	Fz	σ DZ	Z
Male BUMS	25	0.68	0.83	0.3014	1.91*
Female BUMS	25	0.25	0.26		

* < 0.05

Table No. 8: Showing difference between Male and Female BUMS students in relationship scores of Moral Rectitude and Emotional Empathy.

Subjects	N	R	Fz	σ DZ	Z
Male BUMS	25	0.70	0.87	0.3014	2.78*
Female BUMS	25	0.03	0.03		

* < 0.01

As can be seen from the Table No. 1 shown above, significant positive correlation coefficients were found between spiritual personality and emotional empathy among male ($r=0.73$, $p<.01$) and female ($r=0.828$, $p<.01$) MBBS students, and male BUMS students ($r=0.82$, $p<.01$).

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

Noble Attitude toward Others factor of spiritual personality scores was found to be positively correlated with emotional empathy among male ($r=0.489$, $p < .05$) and female ($r=0.78$, $p < .01$) MBBS students, and male BUMS students ($r=0.68$, $p < .01$). Significant positive relationships were found between moral rectitude factor of spiritual personality and emotional empathy among male ($r=0.752$, $p < .01$) female ($r=0.81$, $p < .01$) MBBS students, and male BUMS students ($r=.70$, $p < .01$).

The calculated t values are greater than the table t values at .05 and .01 level of significance (cf. Table No. 2). Thus null hypotheses are rejected and it is inferred that spiritual personality and its factors, and emotional empathy are significantly positively correlated among MBBS male and female, and BUMS male students.

As can be seen from Table No. 3, 4, and 5, significant difference were not found between male and female MBBS students in the relationship scores of spiritual personality with emotional empathy ($Z=1.241$, $p > .05$) and relationship scores of Noble Attitude toward Others with emotional empathy ($Z=1.692$, $p > .05$), and relationship scores of moral rectitude with emotional empathy ($Z=0.53$, $p > .05$). These findings imply that the null hypotheses are accepted.

As can be seen from Table No. 6 and 8, significant differences were found between male and female BUMS students in the relationship scores of Spiritual Personality with Emotional Empathy ($Z=3.50$, $p < 0.01$); and Moral Rectitude with Emotional Empathy ($Z=2.78$, $p < 0.01$). These findings indicate that the null hypotheses are accepted. As can be seen from the Table No. 7, significant difference was not found between male and female BUMS students in the relationship scores of Noble Attitude toward Others with emotional empathy ($Z=1.91$, $p > 0.05$).

In the MBBS male and female students, and BUMS male students, spiritual personality is related to emotional empathy. These findings suggest that students of helping profession with spiritual personality express more empathic attitude toward others. For many students, the empathic attitude is the consequence of spiritual qualities and role demand feelings of obligations, and the educational process that maximises the role of doctors and Hakeem as caregivers. Of course, the generalisations emanating from the present research may not be directly applicable to all health caregivers because it was conducted on the students of MBBS and BUMS only.

CONCLUSION AND IMPLICATIONS

Conclusion:

On the basis of the finally obtained results after the rigorous analysis of the thoroughly gathered data, it can be genuinely concluded that there exists a significant and beneficial relationship between spiritual personality and emotional empathy among medical (MBBS) and unani (BUMS) students.

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

Implications:

1. Research in the area of spiritual psychology is not only rewarding for its immediate theoretical interest or practical implications for the prospective health caregivers but also for its bearing upon the study of the students of other helping professions like dentists, surgeons, nurses, etc.
2. Emotional empathy attunes us to another person's inner emotional world, an advantage for a wide range of health-care professions i.e., doctors, nurses, clinical psychologists, etc. Therefore, to develop empathy among health-care givers, spiritual practices like meditation, contemplation and prayer should be encouraged in the professional trainings.

LIMITATIONS AND SUGGESTIONS

Limitations:

1. This study has limitation with respect to the generality of the findings. Since the study involved a particular group of people (i.e., MBBS and BUMS students of medicine of Jawaharlal Nehru Medical College and students of unani of Ajmal Khan Tibbiya College from a specific geographical area i.e., Aligarh Muslim University, Aligarh, UP). Thus, it may be simply uncertain whether the findings may be generalized to the other healthcare professionals of the society.
2. In this research, self-reporting questionnaires were administered. Therefore, the possibility of false reporting cannot be ruled out.
3. Another limitation of this study is that the research sample that was taken into consideration in this study comprised of only 100 participants. In India, with a population of around 1.25 billion, the research findings obtained on a sample of only 100 participants cannot be said to provide sufficient information about the variables in question.

Further Research Suggestions:

1. The present research is carried out on a small sample of MBBS and BUMS students, it can be conducted further on the larger sample of both the groups of students.
2. Spiritual personality is an important area in which more research is called for. The relationship between spiritual personality and altruism and spiritual personality and values are complex and hence calls for original research in health caregivers.
3. Research on the sample of health caregivers e.g., physicians, dentists, clinical psychologists, psychiatrists, etc. is of high importance because if researchers gather sufficient evidence, they can prepare intervention and support service to manage caregivers' stress.
4. The psychological or other reasons for the lack of correlation between spiritual qualities and emotional empathy among female BUMS students can be investigated in further studies.

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

APPENDIX - 1

Spiritual Personality Inventory (SPI)

Circle the number that best describes the degree to which you agree or disagree with each statement.

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

Note: Attempt all the statements.

1. I do not fail in my promise.	1	2	3	4	5	
2. I am trustworthy.	1	2	3	4	5	
3. I do deeds of righteousness.		1	2	3	4	5
4. I deal justly with others.	1	2	3	4	5	
5. I am faithful to others.	1	2	3	4	5	
6. I am generous.	1	2	3	4	5	
7. I possess wisdom.	1	2	3	4	5	
8. I am God fearing.	1	2	3	4	5	
9. I am self-controlled.		1	2	3	4	5
10. I am firm and patient.	1	2	3	4	5	
11. I am humble.	1	2	3	4	5	
12. I am grateful to others.	1	2	3	4	5	
13. I am full of kindness.	1	2	3	4	5	
14. I keep myself pure and clean.	1	2	3	4	5	
15. I am forbearing.	1	2	3	4	5	
16. I am sincere.	1	2	3	4	5	
17. I recognize all good things.		1	2	3	4	5
18. I am to a path that is straight.	1	2	3	4	5	
19. I am truthful.	1	2	3	4	5	
20. I possess good etiquettes and manners.	1	2	3	4	5	
21. I can create my own surroundings.		1	2	3	4	5
22. I have spiritual powers.	1	2	3	4	5	
23. I am satisfied.	1	2	3	4	5	
24. I am having self-respect.	1	2	3	4	5	
25. I am compassionate.		1	2	3	4	5
26. I am having sense of sacredness.	1	2	3	4	5	
27. I strive to excel in steadfastness.	1	2	3	4	5	
28. I have mercy on others.	1	2	3	4	5	

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

- | | | | | | | |
|---|---|---|---|---|---|---|
| 29. I am not for myself, but also for others. | 1 | 2 | 3 | 4 | 5 | |
| 30. I can stay calm in the face of adversity. | 1 | 2 | 3 | 4 | 5 | |
| 31. I am enjoining what is right. | | 1 | 2 | 3 | 4 | 5 |
| 32. I forgive people. | 1 | 2 | 3 | 4 | 5 | |

Name: Gender:

Age: Education:

APPENDIX - 2

Emotional Empathy Scale (EES)

Using the scale below, indicate the degree to which you agree with each statement.

- 9 = Very strong agreement
- 8 = Strong agreement
- 7 = Moderate agreement
- 6 = Slight agreement
- 5 = Neither agree nor disagree
- 4 = Slight disagreement.
- 3 = Moderate disagreement
- 2 = Strong disagreement
- 1 = Very strong disagreement

Note: Attempt all the statements

1. It makes me sad to see a lonely stranger in a group. ____
2. People make too much of the feelings and sensitivity of animals. ____
- 3 I often find public displays of affection annoying. ____
- 4 I am annoyed by unhappy people who are just sorry for themselves. ____
5. I become nervous if others around me seem to be nervous. ____
6. I find it silly for people to cry out of happiness. ____
7. I tend to get emotionally involved with a friend's problems. ____
8. Sometimes the words of a love song can move me deeply. ____
9. I tend to lose control when I am bringing bad news to people. ____
10. The people around me have a great influence on my moods. ____
11. Most foreigners I have met seemed cool and unemotional. ____
12. I would rather be a social worker than work in a job training center. ____
13. I don't get upset just because a friend is acting upset. ____
14. I like to watch people open presents. ____
- 15 Lonely people are probably unfriendly. ____
16. Seeing people cry upsets me. ____
17. Some songs make me happy. ____
- 18 I really get involved with the feelings of the characters in a novel. ____

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

19. I get very angry when I see someone being ill-treated. ____
- 20 I am able to remain calm even though those around me worry. ____
21. When a friend starts to talk about his problems, I try to steer the conversation to something else. ____
22. Another's laughter is not catching for me. ____
23. Sometimes at the movies I am amused by the amount of crying and sniffing around me. ____
24. I am able to make decisions without being influenced by people's feelings. ____
25. I cannot continue to feel okay if people around me are depressed. ____
26. It is hard for me to see how some things upset people so much. ____
27. I am very upset when I see an animal in pain. ____
28. Becoming involved in books or movies is a little silly. ____
29. It upsets me to see helpless old people. ____
30. I become more irritated than sympathetic when I see someone's tears. ____
31. I become very involved when I watch a movie. ____
32. I often find that I can remain cool in spite of the excitement around me. ____
33. Little children sometimes cry for no apparent reason. ____

Name: Gender:

Age: Education:

REFERENCES

- Ahmad, A. (2014). Differences of Thought. *The International Journal of Indian Psychology*, Vol. 2, p. 62.
- Allport, G. W. (1937). *Personality: A psychological interpretation*. New York: Holt, Rinehart, & Winston, p.48.
- Barett-Lennard, G. T. (1981). The empathy cycle: Refinement of a nuclear concept. *Journal of Counseling Psychology*, pp. 91-100.
- Barnett, M. A., Tetreault, P. A., & Masbad, I. (1987). *Empathy with a rape victim: The role of similarity of experience*, pp. 255-262.
- Basic Meaning of Spirituality. (2010). Retrieved April 16, 2012, from <http://spirituality4now.blogspot.in/2010/02/meaning-of-spirituality.html>
- Berger, D. M. (1987). *Clinical empathy*. Northvale: Jason Aronson, Inc.
- Campbell, R. J., Kagan, N., & Krathwohl, D. (1971). The development and validation of a scale to measure affective sensitivity (empathy). *Journal of Counselling Psychology*, pp. 407-412.
- Decety & Jackson (2004). *The Social Neuroscience of Empathy*, p. 199
- Definition of Emotional Empathy (2012). Retrieved April 25, 2012, from [bevwin.pbworks.com/w/file/fetch/49965156/empathy scale1.doc](http://bevwin.pbworks.com/w/file/fetch/49965156/empathy%20scale1.doc)
- Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology*, pp. 261-274.

Exploring the Relationship between Spiritual Personality and Emotional Empathy among Medical and Unani Students

- Eisenberg, N., & Miller, P. A. (1987a). *Empathy and its development*, Cambridge: Cambridge University Press, pp. 292-316.
- Eisenberg, N., & Miller, P. A. (1987b). The relation of empathy to prosocial and related behaviours. *Psychological Bulletin*, pp. 91-119.
- Empathy (2012). Retrieved April 23, 2012, from <http://en.wikipedia.org/wiki/Empathy#Etymology>
- Gladstein, G. A. (1977). Empathy and counseling outcome: An empirical and conceptual review. *Counseling Psychologist*, pp. 70-79.
- Hoffman, M. L. (1987). *Empathy and its development*, pp. 47-80. Cambridge: Cambridge University Press.
- Ickes, W. (1993, 1997). Empathic accuracy. *Journal of Personality*, pp. 587-610.
- Hogan, R. (1969). *Development of an empathy scale*. *Journal of Consulting and Clinical Psychology*, pp. 307-316.
- Holm, U. (1996). The affect reading scale: A method of measuring prerequisites for empathy, *Journal of Educational Research*, pp. 239-253.
- Husain, A., Luqman, N., & Jahan, M. (2012). *Spiritual Personality Inventory Manual*. New Delhi: Prasad Psycho Corporation.
- Kerem, E., Fishman, N., & Josselson, R. (2001). The Experience of Empathy in Everyday Relationships: Cognitive and Affective Elements. *Journal of Social and Personal Relationships*, pp. 709-729.
- Kohut, H. (1980). *The Search for the Self*, pp. 489-523. New York: International University Press.
- MacIsaac, D. S. (1997). *Empathy Reconsidered: New Directions in Psychotherapy*, pp. 245-264. Baltimore: United Book Press.
- Mehrabian, A., & Epstein, N. (1972). A measure of emotional empathy. *Journal of Personality*, Vol. 40, pp. 525-543.
- Montenegro, C. (2012). What is Spirituality? In *THE AJE SPIRITS*, p. 7. American Candomble Church Publications.
- O'Brien, T. Promoting positive behaviour (1998). London: David Fulton Publishers.
- Sharma, R. (2006). Personality and its Disorders. In *Abnormal Psychology*, p. 201. New Delhi: Atlantic and Distributors.
- Stein, E. (1989). *On the Problem of Empathy*. p.11, Washington: ICS Publications. (Original work published in 1917).
- Stotland, E. (1969). *Exploratory Investigations of Empathy*. In L. Berkowitz (Ed.), *Advances in Experimental Social Psychology*, Vol. 4, pp. 274- 314. New York: Academic Press.

Perceived Stress and Coping among Rural Adolescent Girls in India

G. Ragesh¹, C. Sabitha², Dr. A. Anithakumari³, Dr. Ameer Hamza⁴

ABSTRACT:

A cross sectional study was conducted among 120 adolescent girls from rural area (of Calicut, Kerala), India. Findings showed lesser level of stress but adopted maladaptive coping strategies. Importance of mental health programme in schools and colleges targeting adolescent girls was discussed.

Keywords: stress , coping , rural adolescent girls.

Happy and confident adolescents are most likely to grow into happy and confident adults, who in turn contribute to the health and well-being of nations (1). Adolescent stresses are from within and from the various social spheres in which the adolescent operates (2). Stressful experiences and efforts to cope with stress are central to understanding psychological distress and psychopathology during adolescence (1). Mental health problems among adolescents carry high social and economic costs, as they often develop into more disabling conditions later in life (3). Studies on stress and coping of adolescents girls especially from rural back ground is very minial in Indian setting. This cross sectional study was aimed to understand the perceived stress and coping of adolescent girls from rural background in India.

METHODOLOGY

The study was conducted in a rural area, i.e. Balussery block panchayath which is about 30 kilometers away from the city area of Kozhikode (Calicut) district of Kerala state, India. A camp was organized to enhance the life skills of girls with in an age gap of 12 to 19 years. All parents of the respondents were informed about the camp and study and received assent from the -

¹Ph.D Scholar, Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Karnataka State, India. PIN-560029)

²School Counselor, ICDS, Balussery, Calicut, Kerala.)

³Assistant Professor, Department of Psychiatry, Govt. Medical College, Calicut, Kerala.)

⁴Associate Professor, Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Karnataka State, India.)

Perceived Stress and Coping among Rural Adolescent Girls in India

-adolescents and consent from the parents. All the girls who were diagnosed to have any kind of mental and physical health problems or disability were excluded from the study. On an average 150 girls attended the camp. All were asked to complete the questionnaire before conducting the training programme. Considered 120 data for analysis as others were incomplete. Sociodemographic profile which was prepared by researchers and Perceived Stress Scale (4) and Brief Cope Scale (5) were used to collect the data.

RESULTS

Sociodemographic details show that 29.2% of the respondents belong to the age group of 12-14 years, 36.7% belong to the age group of 14-16 years, 27.5% belong to the age group of 16-18 and the rest of them above 18 years of age. The majority (66%) belong to the Hindu religion, from nuclear family (83.3%) and from the family of above the poverty line (66.7%). Both the parents are present in the family for the majority (96.7%). Most of (98.3%) them have at least one sibling. Birth order wise, 49% of them are the first, 42% of them are second and rest are in the third position of their siblings. With regard to the substance use among fathers; 16.7% fathers abuse nicotine, 8.3% abuse alcohol and 1.7% abuse both alcohol and nicotine. Few (8.3%) of their family members are with chronic illness. Only one respondent with family history of suicide and mental illness. No respondent reported substance use.

With regard to their perceived stress and coping; the average score of perceived stress is 16.42 and the coping strategies like self distraction, denial, ventilation, positive reframing, self blaming, accepting and religious way of coping have significant correlation with perceived stress (table 1).

DISCUSSION

There is a dearth of literature on the coping and perceived stress among adolescent girls from rural background in India. The current study has made an attempt to understand the perceived stress and coping among adolescent girls from rural background in Indian settings.

The major finding in this study is that the respondents did not report any major stress at present compared to the findings in another study which was conducted in India that the school students in India have a high stress level (6). This may be because of the most of the respondents are from a rural background, family of above poverty line, both the parents are alive and living together,

Perceived Stress and Coping among Rural Adolescent Girls in India

low rate of substance abuse in family members and the competition in academics and related stress are lesser in rural areas compared to urban areas.

The study found that the respondents adopt maladaptive coping mechanisms and most of the maladaptive coping strategies have strong correlation with stress. This findings go along with other studies (7-9) that the girls adopt more maladaptive coping mechanisms. A study conducted in india also reveals that the adolescent girls from rural areas adopt unhealthy coping styles (2). As adolescence is the time of faster biological developments and the maladaptive coping may lead to development of any form of psychopathology. This indicates the importance of mental health programme among adolescent girls. School/college mental health programme is essential to enhance the mental health status of adolescents. And it also indicates the urgent need of larger studies in rural settings.

CONCLUSION

The current study shows that the stress among adolescent girls in rural area is less but they adopt maladaptive coping strategies. There is greater opportunity for mental health promotion and preventive services among adolescents girls in schools and colleges in India.

REFERENCES

- Rao M. Book Review. Promoting Children's Emotional Well-Being Ann Buchanan and Barbara Hudson. Journal of Public Health. 2001;23(2):168-9.
- Samata Srivastava DJ, Srivastava OP. STRESS AND COPING STYLE OF URBAN AND RURAL ADOLESCENTS.
- Kumar V, Talwar R. Determinants of psychological stress and suicidal behavior in Indian adolescents: a literature review. Journal of Indian Association for Child & Adolescent Mental Health. 2014;10(1).
- Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. Journal of health and social behavior. 1983:385-96.
- Carver CS. You want to measure coping but your protocol's too long: Consider the brief cope. International journal of behavioral medicine. 1997;4(1):92-100.
- Arun P, Chavan B. Stress and suicidal ideas in adolescent students in Chandigarh. Indian journal of medical sciences. 2009;63(7):281.

Perceived Stress and Coping among Rural Adolescent Girls in India

- Hampel P, Petermann F. Age and gender effects on coping in children and adolescents. *Journal of Youth and Adolescence*. 2005;34(2):73-83.
- Corbett EL, Marston B, Churchyard GJ, De Cock KM. Tuberculosis in sub-Saharan Africa: opportunities, challenges, and change in the era of antiretroviral treatment. *The Lancet*. 2006;367(9514):926-37.
- Dubat K, Punia S, Goyal R. A study of life stress and coping styles among adolescent girls. *J Soc Sci*. 2007;14(2):191-4.

Table 1

Correlation

Sl no.	Coping scales domains	Stress score (16.42)
1.	Self distraction	.344**
2.	Active coping	.101
3.	Denial	.264**
4.	Substance use	-.017
5.	Emotional support	.048
6.	Behavioural disengagement	.140
7.	Ventilation	.244**
8.	Instrumental support	.014
9.	Positive reframing	.194*
10.	Planning	.147
11.	Self blaming	.269**
12.	Acceptance	.251**
13.	Humor	.136
14.	Religion	.180*

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

Cognitive Profile of Paranoid Schizophrenia on LNNB

Susmita Halder¹, Akash Kumar Mahato², Masroor Jahan³

ABSTRACT:

Schizophrenia is a major psychiatric disorder characterized by a disruption in affective, cognitive and social domains, which results in compromised ability to adapt to a changing environment and to function adequately in the community.

Schizophrenia is often accompanied by gross and progressive impairment in different functional areas of a person. They are mostly seen in the form of – cognitive impairment (executive functions, information processing, attention, learning and memory), psychomotor activity, speech, thought process, perception, and abstraction. These deficits are evident in nearly all individuals diagnosed with schizophrenia, and their impact on the employment, social relationships and living status of patients is devastating. However, there could be differences among cognitive profiles of different schizophrenia subtypes.

Luria Nebraska Neuropsychological Battery (LNNB) is a widely used standardized neuropsychological tool for cognitive assessment. In the present study, 30 male paranoid schizophrenia patients were assessed on the LNNB- Form I to see the profile of cognitive functioning on this tool.

Keywords: LNNB, cognitive deficit, Paranoid schizophrenia.

Cognitive impairment is gradually been considered as a core feature of schizophrenia. Extensive research has suggested that the cognitive deficits frequently associated with schizophrenia are not merely a consequence of psychotic symptoms or its treatment, but rather a distinct dimension of the illness. Perhaps one of the most challenging aspects of treating patients with schizophrenia is coping with the severe cognitive deficits that accompany the disease. In psychiatric disorders like schizophrenia the search for structural abnormalities of the brain has been one of the main approaches to study the organic basis of illness. The majority of earlier neuropsychological investigations of schizophrenics were concerned with differentiating them from brain damaged neurological patients, based on the assumption that they are functional disorder (Heaton, et al., 1978).

¹Assistant Professor in Clinical Psychology, Amity University, Rajasthan.

²Assistant Professor in Clinical Psychology, Amity University, Rajasthan.

³Additional Professor in Clinical Psychology. RINPAS, Ranchi

Cognitive Profile of Paranoid Schizophrenia on LNNB

Recent studies have followed the trend of comparing subgroups of schizophrenia itself instead of comparing schizophrenia with other disorders. Findings suggested that several subgroups of schizophrenia have different levels of cognitive deficits, and some of them show signs of brain dysfunction. Several research studies have reported more cognitive impairment in chronic/ process/ non paranoid schizophrenia in comparisons to acute/ reactive/ paranoid schizophrenia (Robertson & Taylor, 1985; Langell et al., 1987).

The distinctiveness of a paranoid subtype can be traced back to the early work of Bleuler and Kraepelin, through psychodynamic theorists, to more modern investigations (Magaro 1981). Tsuang and Winokur (1974) suggested that a smaller percentage of patients with paranoid subtype had psychomotor symptoms than hebephrenic patients. Paranoid patients were characterized by later onset of illness, less seclusiveness, less distractibility, fewer psychomotor symptoms, a higher incidence of marriage, more children, and less disruption of social and familial relationships. Others have differentiated between positive and negative syndromes, suggesting that deficit symptoms are associated with abnormal brain morphology (Andreasen and Olsen 1982). Alternative sub- classifications of schizophrenia (e.g., process vs. reactive, late vs. early onset, acute vs. chronic course of illness) may also intersect with the paranoid/nonparanoid distinction.

Discussions of cognitive differences, such as attention deficits, among subtypes have appeared in global reviews of neuropsychological correlates of schizophrenia (Levin et al. 1989), leading researchers to suggest that each subgroup of schizophrenia has a unique pattern of neuropsychological impairment. In fact, there is wide clinical acceptance that paranoid schizophrenia patients display less regression of mental faculties than their non-paranoid counterparts. Seidman's (1983) comprehensive review of neurophysiological and neuropsychological findings, as well as Magaro's (1981) review of information processing in schizophrenia, suggests meaningful distinctions in cognitive functioning among schizophrenia subtypes.

Identification of subtype-specific cognitive profiles may help refine theories concerning multiple causal pathways in schizophrenia. The LNNB is a comprehensive tool to assess neuropsychological functions. The performance on LNNB has been reported to be positively correlated with CT scan, and regional cerebral blood flow findings (Golden et al., 1985; Kemali et al., 1985). It has been found to be a useful tool in predicting ventricular enlargement too. There are few studies from India regarding schizophrenia subtype specific cognitive profile on LNNB.

METHODOLOGY:

Sample:

Based on purposive sampling, 30 male hospitalized paranoid schizophrenia patients (as per ICD 10-DCR) from Ranchi Institute of Neuro- Psychiatry and Allied Sciences (RINPAS), Ranchi, India were selected for the study. Inclusion criteria required them to be literate, right-handed, and cooperative. Patients with other co-morbid psychiatric disorder, having history of organic pathology, substance abuse and mental retardation were excluded. Patients with vision and hearing impairment or significant physical illness too were excluded.

Tools:

- Socio Demographic and Clinical Data Sheet: A semi structured proforma designed for this study contained the socio-demographic and clinical data of the patients.
- Hand Preference questionnaire (Annett, 1970): Handedness of the patients was screened using the Hand Preference questionnaire. The questionnaire consists of 10 items indicating the preferred hand a person use for different tasks.
- Brief Psychiatric Rating Scale (BPRS), (*Overall & Gorham*, 1962). BPRS is a reliable and widely used tool to assess psychopathology for severity and changes across treatment.
- The Luria Nebraska Neuropsychological Battery (LNNB-Form I). (*Golden, et. al.*, 1985). The LNNB- I is a multidimensional battery designed to assess a broad range of neuropsychological functions. It consists of 269 items. Based on the basic functions involved, these items are arranged under eleven clinical scales, five summary scales, eight localization scales and twenty eight factor scales.

Procedure:

Patients were screened as per the inclusion and exclusion criteria and selected for the study. Clinical interview and required history was taken for the socio- demographic and clinical data sheet. Some information was collected and cross- checked from the case record file. Annett's Hand Preference questionnaire was used to decide handedness of the patients. BPRS was applied to screen out patients with severe psychopathology. LNNB- I was administered on the patients in two to three sessions. Obtained data were interpreted and appropriate descriptive statistics; mean, SD, and percentage were applied for the analysis of the data.

RESULTS:**Table 1: Age and education of the patients**

Variable	Range	Mean	SD
Age (in years)	25-45	31.63	6.51
Education (in years)	9-15	11.97	2.38

Table 2: Clinical details of the patients

Variable	Range	Mean
Age of onset (in years)	19-36	24.96
Duration of illness (in years)	3- 19	6.5
BPRS score	No.	%
Very mild	16	53.33
Mild	14	46.67

The age range of subjects was between 25-45 years and the mean age was 31.63 years. Their education was between 9- 15 years (mean years of education was 11.97 years). Mean age of onset of illness was 24.96 years and average duration of illness was 6.5 years. All patients were having chronic illness. Findings of BPRS show that all patients were having either mild or very mild level of severity of psychopathology.

To prepare the mean profile for the paranoid schizophrenia patient, raw scores of all clinical and summary scales of LNNB-I were converted into T scores. Mean T scores and SD of all clinical and summary scales was calculated. Mean critical level was 57.

Table 3: Mean and SD of T scores of Clinical and Summary Scales of LNNB.

Scales	Mean	SD
Motor Functions (C1)	51.30	14.10
Rhythm (C2)	67.47	16.77
Tactile Functions (C3)	50.97	13.33
Visual Functions (C4)	64.43	13.20
Receptive speech (C5)	60.47	17.64
Expressive speech (C6)	50.43	15.75
Writing (C7)	52.40	11.32
Reading (C8)	49.83	5.92
Arithmetic (C9)	64.97	18.60

Cognitive Profile of Paranoid Schizophrenia on LNNB

Memory (C10)	57.87	14.93
Intellectual Processes (C11)	68.80	15.60
Pathognomonic (S1)	56.37	14.16
Left Hemisphere (S2)	49.73	12.53
Right Hemisphere (S3)	45.00	10.26
Profile Elevation (S4)	68.60	20.43
Impairment (S5)	63.30	12.63

To assess the deficit in specific neuropsychological functions, item interpretation was done. Item interpretation shows that paranoid schizophrenia patients had high degree of impairment (more than 70% of the sample) in complex integrated operation, orientation and space, logical relation, contrast picture, Blurred picture, Application of grammatical structure, Sensory trace- tap and simple Integrated operation.

Table 4: LNNB items where more than 50% patients showed impairment

Sl. no.	Item interpretation	No. of patients having impairment	Percentage
1.	Selectivity of motor acts- speed	15	50.00
2.	Pitch perception	16	53.33
3.	Directionality	15	50.00
4.	Rhythm tap	20	66.67
5.	Blurred picture	22	73.33
6.	Contrast picture	23	76.67
7.	Visuo-spatial analysis	19	63.33
8.	Orientation and space	25	83.33
9.	Comprehension of grammatical structure	16	53.33
10.	Inverted grammatical structure	15	50.00
11.	Logical relation	25	83.33
12.	Application of grammatical structure	22	73.33
13.	Phonetic analysis	19	63.33
14.	Reading text	15	50.00
15.	Sensory trace- tap	21	70.00
16.	Logical memory	18	60.00

Cognitive Profile of Paranoid Schizophrenia on LNNB

17	Integrated operation- simple	22	73.33
18	Integrated operation- complex	20	86.67

DISCUSSION:

The study was undertaken to identify cognitive impairment among paranoid schizophrenia patients using LNNB. The mean profile of paranoid schizophrenia in this study suggests impairment in the scales of Intellectual Process (C11), followed by Rhythm Scale (C2), Arithmetic (C9), Visual function (C4), and Receptive Speech (C5) on LNNB. The findings are consistent with Purisch et al. (1978) who identified four scales- C2, C10, C5, and C11 where schizophrenia patient showed impairment. Out of these four scales, findings of present study are similar for three scales (C2, C5, C11) where impairment was noticed. Findings are also consistent with Wells and Leventhal (1984). Different findings though have been reported by Langell et al. (1987) who found paranoid schizophrenia patients performing better than non-paranoid schizophrenia and non psychotic groups on Motor, Rhythm, Receptive Speech, Memory, and Intellectual Processes scales of the LNNB.

Talking specifically about memory, mean T score on memory scale (57.87) was slightly above the mean critical level (57). A substantial number of research studies examining memory have found paranoid schizophrenia participants to perform significantly better than non-paranoid participants. It could be suggested that under certain conditions, the paranoid subtype may demonstrate better memory functioning than the non-paranoid subtype. However, the complex interactions among assessment variables, including presentation (e.g., visual vs. auditory), stimuli (e.g., verbal vs. nonverbal), and interference (high vs. low), preclude any simple conclusions. Golden et al. (1980) and Paulman et al. (1990) on the contrary have found no subtype differences on this scale. Hamlin and Folsom (1977); Magaro and Page (1983) reported significant differences, with the paranoid subtype having better vocabulary performance in each case.

On item interpretation, impairment was seen highest in rhythm scale, where 73 % patients showed impairment. These findings are also supported by Jain (1995). In evaluating the performance on the Rhythm (C2) scale, errors were found to occur on items assessing pitch perception, directionality, and rhythm tap. Along with the Rhythm Scale, highest number of patients had impairment in visual functions scale. Patients performed poorly in visuo- spatial analysis and orientation in space. Other studies also report schizophrenia patients performing poorly on visual spatial complex task (Yurgelun- Todd et al., 1993). In India, it was also reported that schizophrenia patients had impairment in visual functions (Nizamie, 1991), especially in visuo- spatial organization on LNNB scale. Item interpretation in Receptive Speech Scale indicated deficiency in the ability to analyze relational concepts and logical grammatical relationships. Patient's ability to understand the complex relationships between objects is

Cognitive Profile of Paranoid Schizophrenia on LNNB

impaired. Inattention and poor memory skills offer explanation for his difficulties with these items. In the present study most of the patients showed impairment in sensory trace item, which indicates short term memory trace is not very stable for this group of patients. Poor performance in C11 scale is supported by Kelip et al., (1988); Sen & Mazumder, (1983) where they found disturbance in abstraction and conceptual thinking. In the present study item interpretation indicates that significant number of the patients showed impairment in simple and complex integrated function. Overall findings of the present study are supported by present literature and re-establishes cognitive impairment in multiple domains in paranoid schizophrenia.

REFERENCES:

- Andreasen, N. C., & Olsen, S. (1982). Negative v positive schizophrenia. Definition and validation. *Achieve of General Psychiatry*. 39 (7), 789- 794.
- Annett, M. (1970). A classification of hand preference by association analysis. *British Journal of Psychology*, 61, 303- 321.
- Golden, C. J., Graber, B., Moses, J. A., & Zatz, L. M. (1980). Differentiation of chronic schizophrenics with and without ventricular enlargement by the Luria- Nebraska Neuropsychological Battery. *International Journal of Neuroscience*, 11, 131 -138.
- Golden, C.J., Purisch, A.D., Hammeke, T.A. (1985). *Luria- Nebraska Neuropsychological Battery: Forms I & II (Manual)*. Western Psychological Services, Los Angeles.
- Hamlin, R.M, Folsom, A.T. (1977). Impairment in abstract responses of schizophrenics, neurotics, and brain-damaged patients. *Journal of Abnormal Psychology*. 5, 483–491.
- Jain, A. (1995). Luria- Nebraska Neuropsychological Test Profile of manics, schizophrenics, and normal controls : A comparative study. M.Phil Dissertation, Ranchi University, Ranchi.
- Kelip, J. G., Sweeney, J. A., Jacobson, P., Solomon, C., St Louis, L., Deck, M., France, A. & Mann, J. J. (1988). Cognitive impairment in schizophrenia: specific relations to ventricular size and negative symptomatology. *Biological Psychiatry*, 24, 55 – 57.
- Kemali, D., Maj, M., Golderisi, S., Ariano, M. C., Cesavelli, M., Milici, N., Salvati, A., Valente, A., & Volpe, M. (1985). Clinical and neuropsychological correlates of cerebral ventricular enlargement in schizophrenia. *Journal of Psychiatric Research*, 19, 587 – 596.
- Langell, M. E., Purisch, A. D. & Golden, C. J. (1987). Neuropsychological differences between paranoid and non paranoid schizophrenics on the Luria- Nebraska Neuropsychological Battery. *International Journal of Clinical Neuropsychology*, 9, 88 -95.
- Levin, S., Yurgelun- Todd, D. & Craft, S (1989). Contribution of clinical neuropsychology to the study of schizophrenia. *Journal of Abnormal Psychology*, 98, 341 – 356.
- Magaro, P. A. (1981). The paranoid and the schizophrenic: The case for distinct cognitive style. *Schizophrenia Bulletin*, 7 (4), 632- 661.
- Magaro, P. A., & Page, J (1983). Brain disconnection, schizophrenia, and paranoia. *Journal of Nervous & Mental Disease*. 171 (3), 133 – 140.

Cognitive Profile of Paranoid Schizophrenia on LNNB

- Nizamie, A., Nizamie, S. H., & Shukla, T. R. (1992). Performance on Luria- Nebraska Neuropsychological Battery in schizophrenic patients. *Indian Journal of Psychiatry*, 34, 321- 330.
- Overall, J. E., & Gorham, D. R. (1962). The Brief Psychiatric Rating Scale. *Psychological Reproduction*, 10: 799-812.
- Paulman, R. G., Devous, M. D., Sr., Gregory, R. R., Herman, J. H., Jennings, L., Bonte, F. J., Nasrallah, H. A., & Raese, J. D. (1990). Hypofrontality and cognitive impairment
- Purisch, A.D., & Sbordone, R. J. (1986). The Luria- Nebraska Neuropsychological Battery. In G. Goldstein & R. A. Tarter (Eds.), *Advances in Clinical Neuropsychology*: Vol.3, 291- 316.
- Robertson, G. & Taylor, P. J. (1985). Some cognitive correlates of schizophrenic illnesses. *Psychological Medicine*. 15, 81 – 98.
- Seidman, E. (1983). Unexamined premises of social problem-solving. In E. Seidman (Ed.), *Handbook of Social Intervention*. 48-67. Beverly Hills, CA: Sage.
- Sen Mazumdar, D. P., & Mazumdar, T.K. (1983). Abstract and concrete behavior of organic, schizophrenic, normal subjects on Goldstein Scheerer Cube Test. *Indian Journal of Clinical Psychology*, 10, 5- 10.
- Wells DS, Leventhal D. Perceptual grouping in schizophrenia: Replication of Place and Gilmore. *Journal of Abnormal Psychology*. 1984, 93, 231–234.
- World Health Organization (WHO) (1993). *The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research*. WHO: Geneva.
- Yurgelun-Todd, D.A., Kinney, D.K. (1993). Patterns of neuropsychological deficits discriminate schizophrenics from siblings and controls. *Journal of Neuropsychiatry & Clinical Neuroscience*. 5, 294–300.

Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City

Mohammad Kianbakht¹, Sedighe Naghel², Hossienkohandel³, Vida Namdari⁴

ABSTRACT:

Objectives: The main goal of the study was to investigating the relation between perceived social supports with severity of chronic pain in fire fighters of Tehran city.

Method: this was a descriptive and correlational study. Accordingly, 400 fire fighters were selected through cluster random sampling. All subjects filled chronic pain questionnaire and multidimensional scale of perceived social support (MSPSS). Data was analyzed through Pearson correlation coefficient and linear regression.

Results: results showed that there is significant and negative relationship ($p < 0/0001$) between severity of chronic pain with perceived social support and its' aspects (supports from family, friends and important persons).

Conclusion: findings of this study again demonstrated the important role of socio-psychological factors in predicting severity of chronic pain.

Keywords: social support, chronic pain, socio-psychological factors

Chronic pain is the phenomena which its' recovery takes more than usual and expected time. According to International Association for the Study of Pain this recovery period is set up 3 month for research targets and 6 months for academic targets (Thron, 2004). Turk and Okfuji (2001) found that patients with the same diagnosis and same therapy, showed different responses. Accordingly, only evaluating intensity of pain is not enough, the more important is to evaluating mood, related beliefs of pain, coping strategies, quality of life, physical disability, attitudes of patient toward life and more generally effects of pain on patient's life. Moreover, human is a social animal that has complicated connections with environment, but chronic pain change the relationship and these connections with others, immensely.

¹Ph.D student of clinical psychology, Department of Psychology, Aligarh Muslim University, INDIA.

²M.A. of General Psychology, AllameTabatabai University Tehran, Iran.

³Ph.D student of clinical psychology, Department of Psychology, Aligarh Muslim University, INDIA.

⁴Ph.D student of clinical psychology, Department of Psychology, Aligarh Muslim University, INDIA.

Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City

Mutually, relationship quality of patient with others influences on chronic pain. Therefore, it is significant to study chronic pain in its' own context. As mentioned above, it is improbable to consider all chronic pain patients identically, even with the equal medical diagnosis. Accordingly, Waddell (1987) mentioned professions who works with chronic pain patients and wrote: "We must consider low back pain as an illness rather as disease. We all recognize in theory and need to consider physical, psychological and social aspect of illness". In other words, we need to reconstruct new format for any patient and not just recognition according to locus of pain and diagnosis. Cohen (2004) has defined social support as following: social support is a social network which provides psychological and tangible resources for people to cope with stress and problems of life. When the pain continues, patient shows Anger, frustration and avoidance as behavioral indicators in relationship with others. He maybe realizes that there is some problem in talking with others and can't talk logically in social situations like work place.

It is hard to say no against requests probably, which leads to ambivalence, Annoyance of others and unable to meet their demands and have to deposit them. Others may feel doubt and rejection from him. This can increases the problem and disrupt the relationships. According to evidences, in a twosome relationship which one has chronic pain, origins of the most conflicts are from this person with his behavioral indicators. It is rather, because his approaches about the situation, which if change others will be change also. The chronic pain patient may be unable to change and handle people, but he should try to manage own behavior. Some possible behaviors of a patient with chronic pain are listed below. Regardless of how behavior starts, he must concentrate whether he perform this behaviors while feeling pain or not? Such behaviors have an important role to receiving perceived social support (Nicolas, Molloy, Tonkin, & Beeston 2012). In one prospective study, Iman, Walter and Jeffrey (1993) studied first back pain experience among New York city fire fighters. 109 subjects were selected randomly, and studied during around one year (1988-89).

According to their results factors that lead to back pain (with controlling out of work activities) were as follows: carrying tubes into buildings, climbing the ladder, breaking the windows, searching hidden fires in place, lifting objects heavier than 18 Kg. on the other hand, other low risk factors that leads to back pain including connecting pipes to pumps, pulling pipes, activities with drill machines, physical activities and exposure to fume from burning flammable materials. This experiment performed in a controlled condition, whereas in normal conditions, urgent for attending in event place and exposure with real condition may leads to more severe back pain.

METHOD

Participants

Statistical society included all fire fighters in Tehran city which was approximately 3600 persons. Subjects were selected through cluster random sampling so that 30 fire stations were selected from 120 ones. Finally 400 fire fighters were selected randomly as sample of study. The mean and standard deviation of the ages were 32/92 and 6/63. 75% were married and the rest were

Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City

single. 31/2 suffered from chronic pain with different severity and 68/8 had no sense of pain. It comprised several Iranian races including 45% Persian, 38/3 % Azeri, 0/12% Lor, 4/3% Kurdish, and 0/1% Arabian. The mean and standard deviation of pain history (months) totally were 17/54 and 26/87, and in patient with chronic pain were 56/13 and 11/83. It showed clearly the presence of chronic pain in the sample.

Tools

Graded chronic pain questionnaire (AsghariMoghadam 1997, 2011): It includes 42 items which is not only allocates to recognize and navigation of pain, but also evaluates several aspects of pain. This questionnaire identifies severity of Pain, locus of pain, continuity of pain, pain-related disability, pain history, pain-related behaviors, emotional states of patients, causes of pain and interpersonal relationships. As well as, it determines that how many times the patients have referred to hospital or other medical places. With this questionnaire not only it is practicable to recognize chronic pain patients but also it is possible to classification of patients according to severity of pain.

In one study (Asghari Moghadam, Karami and Rezaie, 2011), calculated the internal consistency coefficient graded chronic pain scale with research data and results showed appropriate internal consistency coefficient for this questionnaire (Cronbach's alpha coefficients: 0/83). In this study, Cronbach's alpha coefficient was used to check the reliability of the questionnaire and obtained Cronbach's alpha coefficient was 0/88 for the total scale.

Multidimensional Scale of Perceived Social Support (MSPSS): The MSPSS was developed by Zimet, Dalhem, Zimet, & Farley (1988) and aims to measure perceived social support. It includes 12 items which cover three dimensions; Family, Friends and Significant others. Each item is rated on a seven-point Likert-type response format (1 = very strongly disagree; 7 = very strongly agree). A total score is calculated by summing the results for all items. The possible score range is between 12 and 84, the higher the score shows higher the perceived social support (Ekbäck, Eva, Lindberg and Årestedt, 2013). In addition, separate subscales can be used by summing the responses from the items in each of the three dimensions. The possible score range for the subscales/dimensions is between 4 and 28 (Zimet, Powell, Farley, Werkman, Berkoff, 1990). The MSPSS is widely used and the three-factor model has demonstrated good psychometric properties in previous studies. There is less evidence available for the one-factor model.

It takes just 3 minutes to complete this questionnaire and it is a good advantage of this scale. According to Zimet, et al (1988), Alpha coefficient was between 0/85-0/91, and with retest is reported between 0/72-0/85. Salimi et al. (2009) obtained reliability of this scale in Iran. Results showed 3 subscales which there are 4 items for each of them and KMO was 87%. Cronbach's alpha coefficient for the three dimensions of perceived social support (family, friends and other important people) were 0/86, 0/86, 0/82 respectively. In this study, Cronbach's alpha coefficients

Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City

for the three dimensions of perceived social support (important people in life, family support and friend support) were 0/90, 0/93, 0/91 respectively. Cronbach's alpha coefficient obtained for the total scale was 0/95.

RESULTS

Table: Simple correlation matrix between the variables, the mean and standard deviation of the total sample

variables	1	2	3	4	5
Severity of chronic pain	1				
Perceived social support	-0/43**	1			
Supports from important persons	-0/44**	0/93**	1		
Supports of friends	-0/39**	0/90**	0/69**	1	
Support of family	-0/38**	0/94**	0/87**	0/76**	1
Mean	0/80	65/39	21/94	20/40	23/05
Standard deviation	1/25	17/16	6/35	6/30	5/85

** P<0/001

According to table, perceived social support and its' aspects (perceived support of important persons, friends and family) has a negative correlation with severity of chronic pain ($P<0/001$). As well as, results of linear regression showed that perceived social support explained 19% of variance of severity in chronic pain ($F_{1,308}=94/396$, $P<0/001$). The higher Severity of pain correlated with lower perceived social pain.

DISCUSSION

Results of this study showed there is negative correlation between severity of chronic pain with perceived social support and its' aspect (perceived social support from family, friends and important persons). In other words, the person with higher rate of chronic pain experienced lower rate of social support (in all aspects). This result is consistent with Alicia & López-Martínez (2008) and Davoudi, et al (2012). According to result of this study and other studies such as Bisschop, et al (2004), it's been explaining that social supports from important persons of life, family and friends improve psychological wellbeing through satisfying personal needs like sense of attachment and belonging, and therefore coping with Loneliness. As well as, resources of social support can be a shield against the chronic pains by enhancing compliance with treatment recommendations and psychological adjustment which finally lead to recovery.

Results of this study, also, provide more empirical evidence that reveals the importance of biological-psychological-social model, for understanding chronic pain patients and chronic pain therapy. It can be concluded low perceived social support is a peril factor in adjustment with

Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City

chronic pain disorder (adjustment with its' severity and inability). Therefore, regarding important role of socio-psychological factor including perceived social support and its' aspects, it is recommended to take these factors into account at Health centers.

Finally, regarding society of this study (fire fighters) it is important to be caution about generalizing the results. Moreover, since it was a correlational study it is important to conduct an interpretation between variables. It is recommended to evaluate other socio-psychological variables and also other societies for further research. As well as, it is recommended to measure effectiveness of socio-psychological factors at this relationship, using therapeutic approaches such as family therapy, couple therapy, and improving interpersonal social skills.

REFERENCES

- AsghariMoghadam, M, A. (2011). Pain and its' measurements: new perspectives in psychology of pain. *Roshd publication*.
- Asghari-Moghadam MA, Karami A, Rezaee S. (2002). Prevalence of pain in life, chronic pain and continued with some of its characteristics. *J Psychol*, 1, 30–51.
- Davoudi, I. Zargar, Y. MozafariPorsiSakht, E. Nargesi, F. Mola, K. (2012). The relationship between pain catastrophizing, pain anxiety, neuroticism, social support and coping with functional disability in rheumatoid arthritis. *Educational science and psychology*. 1, 1-15.
- Alicia E. López-Martínez(.2008). Perceived Social Support and Coping Responses Are Independent Variables Explaining Pain Adjustment Among Chronic Pain Patients, *The Journal of Pain*. Volume 9, Issue 4, Pages 373–379.
- Bisschop, M. I.; Kriegsman, D. M. W.; Beekman, A. T. F. &Deeg, D. J. H. (2004), Chronic diseases and depression: the modifying role of psychosocial resources, *Social Science & Medicine*, 59, 721-733.
- Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59, 676-684.
- Ekbäck, M., Benzein, E., Lindberg, M., &Årestedt, K. (2013).The Swedish version of the multidimensional scale of perceived social support (MSPSS)-a psychometric evaluation study in women with hirsutism and nursing students. *Health Qual Life Outcomes*, 11(168), 1477-7525.
- Iman A. Nuwayhid1, Walter Stewart and Jeffrey V. Johnson.(1993). Work Activities and the Onset of First-Time Low Back Pain among New York City Fire Fighters. *Am. J. Epidemiology*. 137 (5): 539-548.
- Nicholas, M., Molloy, A., Tonkin, L., & Beeston, L. (2012). Manage your pain: practical and positive ways of adapting to chronic pain. *Souvenir Press*.
- Salimi A, Jowkar B, Nikpour R. (2010). Internet and communication: perceived social support and loneliness as antecedent variable. *Q J psychol stud*.5(3).81-102, [Persian].
- Thron. BE. (2004). Cognitive therapy for chronic pain: step by step guide. New York: *Guilford Press*; 21-165.

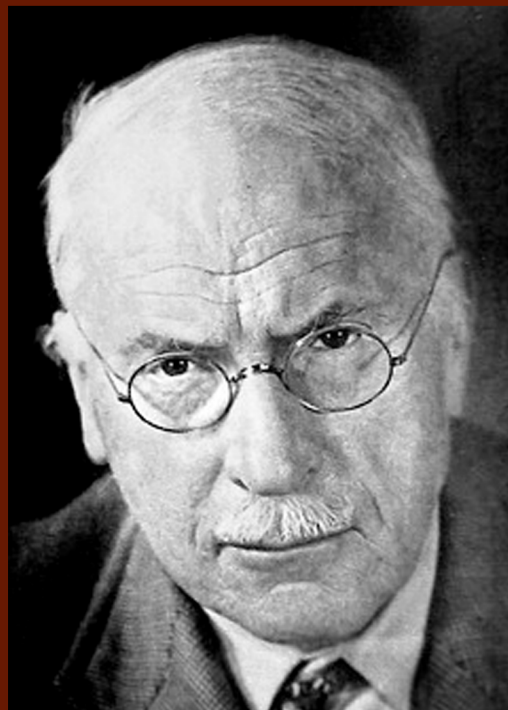
Perceived Social Support and Severity of Chronic Pain in Fire Fighters of Tehran City

- Turk, D. C., Okfuji, A., (2001). Matching treatment to assessment of patients with chronic pain. In: Turk DC, Melzack R, editors. Handbook of pain Assessment 2nd Ed. New York: Guilford press, pp. 400-414.
- Waddell G. (1987). A new clinical method for the treatment of low back pain. *Spine*, 12, 632-644.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52, 30-41.
- Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., & Berkoff, K. A. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of personality assessment*, 55(3-4), 610-617.



The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



Carl Gustav Jung (1875-1961)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
Editor:
Ankit P. Patel

Scan this code in
your smart phone and
Submit Your Paper



Dance Therapy as a Treatment Modality for Autistic Children in Social Interaction

Sophia Ali¹, Dr. Anuradha²

ABSTRACT:

The current research topic “Dance movement therapy, as a treatment modality of autistic children in social interaction” includes five autistic children majorly having significant language delays with echolalia and video dialoguing restricted social communication and limited engagement in socially reciprocal activities, repetitive play patterns, resistance to change and difficulty in emotional responsiveness. The main aim of the study is to assess the effect of Dance Movement Therapy in social interaction of children with Autism Spectrum Disorder. The methodology used is Pre and Post design, in Pre-Intervention Phase, Childhood Autism Rating Scale (CARS) was administered; then as an intervention dance therapy was given and in Post Intervention Phase, Childhood Autism Rating Scale (CARS) was re-administered. The main focus of the study is considering social interaction deficits by providing the intervention of Dance Movement Therapy.

Keywords: *Dance Therapy, Social Interaction, Treatment Modality, Autistic Children*

Dance therapy concentrates on development conduct as it develops helpful relationship. Dance movement therapy uses body movement, as the center segment of dance, to give the method for evaluation and the mode of mediation for treatment. The therapy has remarkable capacity to take into consideration better comprehensions which help in reflecting and extending nonverbal articulations. By using a method called "reflection" that includes mirroring the autistic body rhythms, movements, and vocalizations, the dance movement therapist can support the beginning in starting the methodology of relationship development in autistic children. The main purpose of the CARS2-ST examines clinical diagnosis of an autism spectrum disorder. The main focus of this paper is social interaction in autistic children by taking parameters from Childhood Autism Rating Scales (CARS) relating to social interaction, namely: item 1-relating to people, item 3-emotional response, and item 7-visual response, item 8-listening response, item 11-verbal communication, and item 12-nonverbal communication. CARS-ST was used for both pre-intervention and post-intervention i.e. before and after receiving dance movement therapy.

¹MA, clinical Psychology Amity Institute of Psychology & Allied Sciences University, Uttar Pradesh, Noida

²Amity Institute of Psychology & Allied Sciences University, Uttar Pradesh, Noida

© 2015 I S Ali, Anuradha; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

REVIEW OF LITERATURE:

The case study on “Move to the Music: Autism Sees Benefits of Dance Therapy” in the year 2014 given by Tamar Najarian. Dance is an astonishing treatment style that has profited all, from the obese children to those with autism. It makes the child get up, move the body, appreciate the activity and make new companions. Dance has long been the medium for human connections, from the excellent waltz to the cutting edge hip-jump and R&B. For quite a long time, movement turned into an individual treatment, from Bollywood to hip twirling. Movement didn't simply make itself the ideal treatment but it has helped numerous children no matter how someone looks at it, including autism population. Autism in itself is an intriguing issue, however one which could get to be problematic inside a standard day's schedules. It is a hereditary issue which is regularly accentuated by ecological variables, incorporating air contamination found in the bigger urban areas. Considering autistic individual practice the slightest among the issue, tuning in movement for its restorative perspectives may be an extraordinary thought. While dance movement in itself is amazingly useful, it may be a smart thought to likewise incorporate music in the blend. Autistic children usually have music knowledge, with their staggering memories regarding pitch and notes. One specific study specified in the past article said research on musically untrained autistic children between the ages of 7 and 13. Both short- and long haul memory were tried, and it was observed that those on the range exhibited vastly improved contribute separation capacities such a path, to the point that could comprehend and bring up the right tune in everything from a solitary note to an entire melody, and in addition indicating unrivaled long haul memory for song. They are likewise known for being contribute impeccable memory.

Sara M. Scharoun, Nicole J. Reinders, Pamela J. Bryden, and Paula C. Fletcher gave their research on the topic of “Dance/Movement Therapy as an Intervention for Children with Autism Spectrum Disorders” in the year 2014. Autism Spectrum Disorder (ASD) is a standout amongst the most widely recognized types of formative inabilities of children, established in atypical language and social improvement, in conjunction with monotonous and designed practices. It is additionally proposed that horrible and fine engine impedances are a center peculiarity of ASD, are more pervasive in correlation to the overall public, and may be further misrepresented because of lessened interest in physical action. As mindfulness for ASD has expanded, so have the quantity of helpful methodologies; nonetheless, no single mediation has demonstrated valuable in lightening the cardinal indications of ASD. Hence the best treatment or mix of medicines stays uncertain. Imaginative movement and dance is a pragmatic and practical choice for children with ASD. On the other hand, there exists a shortage of writing assessing dance movement therapy (DMT) for children with ASD, notwithstanding giving both physical and mental profits for children with ASD. This article intends to perform a story survey of the writing.

Dance Therapy as a Treatment Modality for Autistic Children in Social Interaction

The study “Fixing the mirrors: A feasibility study of the effects of dance movement therapy on young adults with autism spectrum disorder” was given by Koch SC, Mehl L, Sobanski E, Sieber M, Fuchs T in 2014. From the 1970s on, research endeavors reported the viability of helpful therapeutic mirroring in movement with young adults with autism spectrum disorder. In this possibility study, it was tried dance movement therapy to help mirroring focused around reflecting in movement in a populace of 31 adolescent grown-ups with autism spectrum disorder (mostly advanced and Asperger's disorder) with the mean to build body mindfulness, social abilities, other toward oneself refinement, compassion, and prosperity. The studies have utilized a manualized dance movement therapy help intervention executed in hourly sessions once a week for 7 weeks. The treatment bunch (n = 16) and the no-intervention control bunch (n = 15) were matched by sex, age, and manifestation seriousness. Members did not take part in whatever other treatments for the span of the study. After the treatment, members in the intervention gathering reported enhanced prosperity, enhanced body mindfulness, enhanced other toward oneself qualification, and expanded social aptitudes. The dance movement therapy based reflecting methodology appeared to address more essential formative parts of a mental imbalance than the without further ado predominating hypothesis of-psyche methodology. Results propose that dance movement therapy help can be a viable and achievable treatment approach for an autism spectrum disorder, while future randomized control trials with greater examples are required.

In 2009 research on “Autism Movement Therapy - Wake up the Brain” was given by “Joanne Lara”. This study states that the mind is a data handling marvel. People with autism experience issues getting to and recovering data in both long and/or transient memory banks. Either the pathway does not exist or the transmitters are weakened. This makes adapting particularly troublesome for them. The similarity is that of a child's brain capacity like a library where none of the data is put away in any composed, sorted way. The uplifting news is that researchers now know that an individual can regularly jolt weakened instructive pathways or even make new pathways through a procedure called cognitive redirection. This "awakening mind" is the center of Autism Movement Therapy which enable tactile relationship procedure that join both the left and right halves of the globe of the cerebrum (interhemispheric joining) by consolidating designing, visual development estimation, audile open preparing, beat and sequencing into an "entire cerebrum" cognitive intuition approach that can essentially enhance behavioral, passionate, scholastic, social and speech and language skills. The essential objective of Autism Movement Therapy is that following 12 -14 weeks of a few 12 moment sessions a week, the child will be more consistent when asked to finish on-assignment exercises, will communicate with regular general training companions all the more regularly, and will be utilizing both sides of his mind for transforming. Expanded general determination toward oneself mindfulness, alongside healthier, enhanced respect toward oneself is a definitive objective. Children with autism has issues with the left and the right side of the brain, that are usually not corresponding with one another. The left (investigative) or consistent half of the globe of the cerebrum is: verbal, reacts to word importance, is consecutive, forms data straightly, reacts to rationale and

plans ahead, reviews individuals' names, talks with few motions, is reliable, inclines toward formal study outline, lean towards splendid lights while mulling over. The privilege (worldwide) or imaginative side of the equator is: visual, reacts to manner of speaking, is irregular and courses of action data in shifted request, reacts to feeling, is rash, reviews individuals' confronts, motions when talking, is less dependable, inclines toward sound or music out of sight while considering and lean towards continuous portability while examining. AMT is intended to cognitively divert or re-outline mind. It utilizes reiteration of development examples and successions to secure honest to goodness pathways or parkways for the data to go along. This helps children with autism in preparing, putting away and recovering data in a more proficient and compelling way. The contrast between preparing the right data and/or falsehood is reliant on the negative or positive elucidation of the data. The therapy transform through sound, visual and characteristic signs, which thusly get to be triggers. A visual picture can be a trigger and sound or sound data, and ordinarily both get to be triggers for the recovery data process. Autism movement therapy uses these distinctive types of data transforming and triggers in remapping the cerebrum. It obliges that children use responsive dialect to hear the music, visual handling to see the physical picture and horrible engine aptitudes to duplicate what they see. AMT is fun, including music and move that speaks to all ages. AMT is partitioned into three levels that take roughly 12-15 minutes to finish, with a fun Hip Hop level toward the end. Each of the three levels is further separated into five sub-segments: A warm-up, stationary development, headway development, ad lib and unwinding or chill off. All the more critically, each of the three levels are intended to framework on the level in the past segment, 3 on 2, and 2 on 1. The understudy starts with Level 1 and through reiteration and consistency moves to the following level when he has beaten the development grouping and examples, rhythm and cadence in the current area. Autism Movement Therapy empowers the cerebrum and awakens that is torpid. Anyhow, in the same way as life, it's a methodology and no two children react in precisely the same way

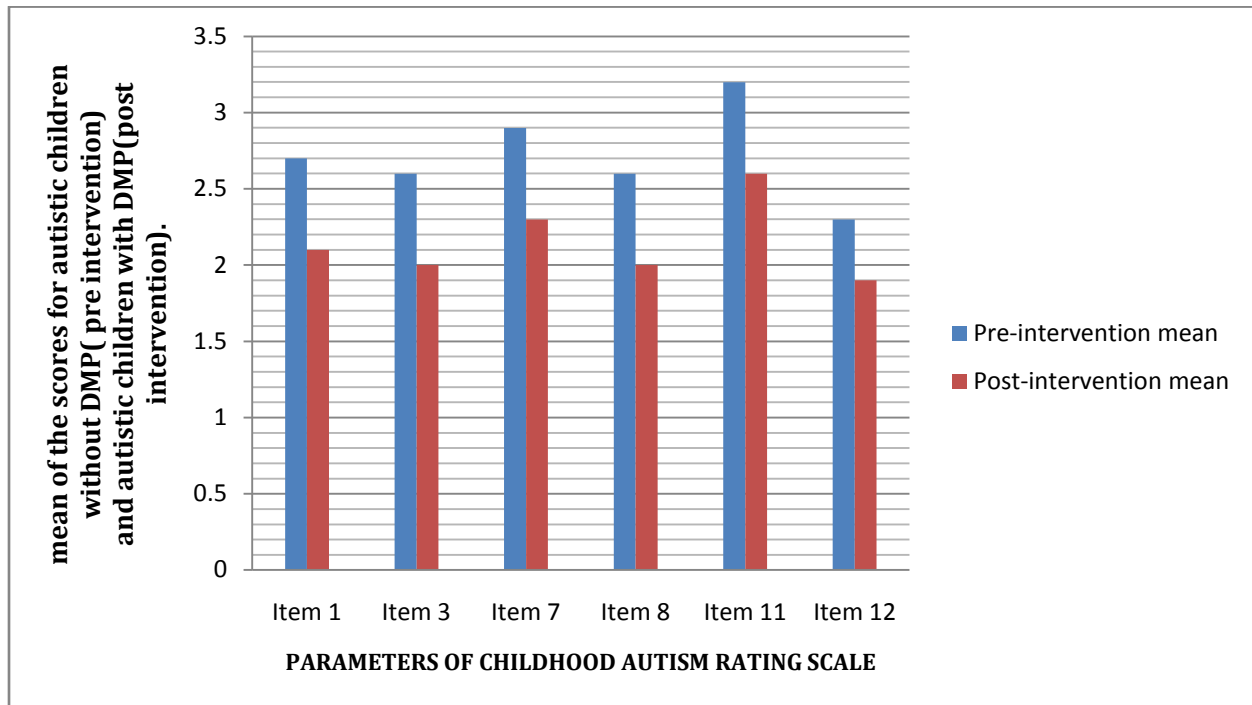
METHODOLOGY:

With an aim of qualitative research, 5 samples were studied in detailed on which pre and post assessment is done as a comparative study including age group from 2-10 years old children with autism (i.e. detailed pre-intervention and post-intervention, before and after receiving dance movement therapy study was conducted). The independent variable was autistic children and dependent variable being dance movement therapy. The hypothesis that was formulated on the basis of the objectives of the present study and the obtained findings that were analyzed by using T-test, statistical analysis.

RESULTS AND IMPLICATIONS:

The study obtained findings in the form of results which shows that Autistic children show significant improvement in social interaction after receiving Dance Movement Therapy. Thus, there is a positive relationship reported between dance movement therapy and autism. The dance movement therapy approach increases attention to self as well as other individual, adapting skills, and the capacity to structure connections with the world around the individual.

Bar diagram showing a comparison between autistic children before dance movement therapy (DMT) and autistic children after dance movement therapy (DMP).



CONCLUSION:

For the purpose of the study, a sample of 5 autistic children was taken (i.e. detailed pre-intervention and post-intervention, before and after receiving dance movement therapy study was conducted). The independent variable was autistic children. Dependent variable being dance movement therapy.

The objective of the study was to assess the effect of Dance Movement Therapy in social interaction of children with Autism Spectrum Disorder. The methodology used is Pre and Post design, in Pre-Intervention Phase, Childhood Autism Rating Scale (CARS) would be administered; then as an intervention dance therapy would be given and in Post Intervention Phase, Childhood Autism Rating Scale (CARS) would be re-administered. The main focus of the study is considering social interaction deficits by providing the intervention of Dance Movement Therapy.

The hypothesis that was formulated on the basis of the objectives of the present study and the obtained findings that were analyzed by using T-test, statistical analysis. Thus, the obtained findings in the form of results show that Autistic children show improvement in social interaction after receiving Dance Movement Therapy.

REFERENCES:

- Adler .J. (1996) “The Collective body”, *American Journal of Dance Therapy* 18(2), 81-94.
- ADMT UK (Association for Dance Movement Therapy UK) (1997) ‘Define dance movement therapy’, *Emotion: ADMT UK Quarterly*, 9(1), 17.
- Adler, J. (2003). From Autism to the discipline of authentic movement. *American Journal of Dance Therapy*, 25(1), 5-16.
- Autism Speaks .2005.Document format .Retrieved from <http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>.
- Best, J., & Jones, J. (1974). Movement therapy in the treatment of autistic children. *Australian Occupational Therapy Journal*, 21(2), 72-86.
- Boswell, B. (1993). Effects of movement sequences and creative dance on balance of children with mental retardation. *Perceptual & Motor Skills*, 77(2), 1290.
- Cole, I. (1982). Movement negotiations with an autistic child. *The Arts in Psychotherapy*, 9(1), 49-53.
- Eileen. Article format.2012. Retrieved from <http://www.dancetherapymusings.com/2012/09/dance-therapy-with-children-on-the-autism-spectrum.html#>.
- Erfer, T. (1995). Treating children with autism in a public school system. In F. Levy (Ed.), *Dance and other expressive arts therapies*. (pp. 191-211). New York: Routledge
- Hartshorn, K., Olds, L., Field, T., Delage, J., Cullen, C., & Escalona, A. (2001). Creative movement therapy benefits children with autism. *Early Child Development and Care*, 166, 1-5.
- Heidi Splete.2005.Article format. Retrieved from http://ped.imng.com/fileadmin/content_pdf/ped/archive_pdf/vol39iss5/70241_main.pdf.
- Importance of Social Interactions. Stanislaus County Office of Education. Retrieved from <http://www.stancoe.org/cfs/handouts/specialnds/pdf/importanceofsocialinteractions.pdf>.
- Joshua Weinstein. Article format.2010. Retrieved from <http://www.icare4autism.org/news/2010/08/dmt-providing-communication-through-dance/>.
- Joanne Lara. Article format.2013.Retrieved from <https://expertbeacon.com/build-connections-and-self-esteem-autism-movement-therapy#.VRMKQvmUde->.
- Katherine Ann Porter. 2012. Article format. Retrieved from http://digitalcommons.colum.edu/theses_dmt/3/.
- Karen Tortorella. 1985. Research paper format. Retrieved from <http://www.nytimes.com/1985/12/22/nyregion/dance-helps-autistic-children.html>.
- Kestenberg, J.A., Loman, S., Lewis, P., & Sossin, K.M. (1999). *The meaning of movement: Developmental and clinical perspectives of the Kestenberg Movement Profile*. New York: Brunner-Routledge.
- Koch SC, Mehl L, Sobanski E, Sieber M, Fuchs T. 2014. Article format. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24566716>.

Dance Therapy as a Treatment Modality for Autistic Children in Social Interaction

- Kristi Krueger. Article format. 2013. Retrieved from <http://www.local10.com/news/health/s-fla-dance-therapy-class-helps-kids-with-autism/23105156>.
- LeFeber, M.M., (2010) *Dance/Movement Therapy*. "Cutting-Edge Therapies in Autism". New York: Skyhorse Publications.
- Lora Wilson Mau .2014. Article format. Retrieved from <https://dancetherapy.wordpress.com/2014/04/03/dancemovement-therapy-and-autism-dances-of-relationship/>.
- Loman, S. (1995). The case of Warren: A KMP approach to autism. In F.J. Levy, J.P. Fried, & F. Leventhal (Eds.), *Dance and other expressive art therapies: When words are not enough* (pp. 213-224). New York: Routledge.
- Lucy M. McGarry, Frank A. Russo .Article format. 2011. Retrieved from http://www.auterobics.com/site/images/dmt_mns_2011.pdf.
- Meekums,B(2005).*Dance Movement Therapy. A Creative Psychotherapeutic Approach*.
- Meekums, B. (2002) *Dance Movement Therapy: A Creative Psychotherapeutic Approach*. London: Sage Publications
- Parteli, L. (1995). Aesthetic listening: Contributions of dance/movement therapy to the psychic understanding of motor stereotypes and distortions in autism and psychosis in childhood and adolescence. *The Arts in Psychotherapy*, 22(3), 241-247.
- Rachael Collins. Case study format. 2012. Retrieved from http://rachaelcollins.weebly.com/uploads/1/9/5/8/19584309/rachael_collins-mirror_neurons_dmt_autism.pdf.
- Rosenblatt LE, Gorantla S, Torres JA, Yarmush RS, Rao S, Park ER, Denninger JW, Benson H, Fricchione GL, Bernstein B, Levine JB .2011.Pilot study. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/21992466>.
- Sara M. Scharoun, Nicole J. Reinders, Pamela J. Bryden, Paula C. Fletcher.2014. Journal format. Retrieved from <http://link.springer.com/article/10.1007%2Fs10465-014-9179-0#page-1>.
- Siegel, E. (1973). Movement therapy with autistic children. *Psychoanalytic Review*, 60(1), 141-149.
- Torrance, J. (2003). Autism, aggression, and developing a therapeutic contract. *American Journal of Dance Therapy*, 25(2), 97-109.
- Susan Moffitt.2011. Article format. Retrieved from <http://www.autismkey.com/dancing-can-benefit-individuals-with-autism/>.
- Tamar Najarian. Article format. 2014. Retrieved from <http://www.emaxhealth.com/11406/move-music-autism-sees-benefits-dance-therapy>.

Death Anxiety among Handicapped and Normal Women

Dr. D. A. Dadhania¹

ABSTRACT:

The present study is main aim was to comparative study of death anxiety among handicapped and normal women. The study was conducted on a sample consisted of 90 people out which 45 were handicapped women and 45 normal women in Jamnagar city (Gujarat). Collected data from the women as Death Anxiety scale – by Prof. K. D. Broata. The obtained data were analyzed though ‘t’ test to know the mean difference between the two groups handicapped women and normal women. The results show that there is significant difference in the death anxiety level of the normal women and handicapped women.

Keywords: *Death Anxiety, handicapped*

Death anxiety is the morbid, abnormal or persistent fear of one's own mortality. One definition of death anxiety is a "feeling of dread, apprehension or solicitude (anxiety) when one thinks of the process of dying, or ceasing to 'be'". It is also referred to as than to phobia (fear of death), and is distinguished from necrophilia, which is a specific fear of dead or dying persons and/or things (i.e. others who are dead or dying, not one's own death or dying). Lower ego integrity, more physical problems, and more psychological problems are predictive of higher levels of death anxiety in elderly people. Death anxiety refers the fear of and anxiety related to the anticipation, and awareness, of dying, death, and nonexistence. It typically includes emotional, cognitive, and motivational components that vary according to a person's stage of development and sociocultural life experiences (Lehto & Stein, 2009).

Death anxiety is associated with fundamental brain structures that regulate fight-or-flight responses and record emotionally charged explicit and implicit memories (Panksepp, 2004). Cognitive dimensions of death anxiety can include an awareness of the salience of death and a variety of beliefs, attitudes, images, and thoughts concerning death, dying, and what happens after death (Lehto & Stein, 2009). Death anxiety can be experienced consciously or unconsciously; it can motivate individuals to ameliorate their death anxiety through distraction (Greenberg, Pyszczynski, Solomon, Simon, & Breus, 1994), attempts to enhance. Death is considered a universal reaction. It has.

¹Associate Professor, Shri V. M. Mehata Arts College, Jamnagar, saurashtra university.

Death Anxiety among Handicapped and Normal Women

Another major transformation that occurred in hematological theory and research involved the recognition that individuals can also have positive views and feelings about death. Death is not always viewed completely negatively. For instance, death can give life meaning and can accentuate a positive philosophy of life. People can view death positively, for instance, if it brings relief of pain and suffering, gives loved ones a chance to come together and express their care and concern for each other, or if death and dying helps to refocus attention on important personal values and needs. Finally, dealing with death can reveal strengths in terminally ill individuals, their family members and friends, and health care professionals. In sum, attitudes and feelings about death are multidimensional, and people can simultaneously have both positive and negative sentiments about a broad array of death-related phenomena.

There have been substantial changes in the way Western scientists have interpreted or understood the concept of death anxiety. Early writings, which were heavily influenced by psychodynamic theory, stressed that fear and anxiety about death were universal, and, in an attempt to deal with their neurotic concerns about death, most individuals repressed or denied their true, negative feelings. In other words, everyone feared or was anxious about death, no matter what they said or how they acted. As death research matured, however, investigators discovered not only that some people actually had little or no anxiety about death, but also that the term *death anxiety* was really a misnomer for a variety of related negative reactions to death. These reactions include elements of fear, anxiety, concern, threat, worry, and confusion, and they can be focused on different death-related issues. For instance, distinctions should be made regarding anxiety about one's own death or the deaths of others, reactions to a painful dying process, uncertainties about when and how one will die, and concerns about an afterlife.

OBJECTIVE

The purpose of present investigation was to investigate symptoms of death anxiety in handicapped and normal women.

HYPOTHESIS

1. To study the death anxiety of handicapped women.
2. To study the death anxiety of normal women.
3. To study the difference between death anxiety among handicapped women and normal women.

VARIABLE:-

Independent Variable:

Woman Types:

Handicapped women and normal women.

Death Anxiety among Handicapped and Normal Women

Dependent Variable:

Score on death anxiety scale.

SAMPLE:-

The present study sample was selected simple random methods. The sample of present study consist 90 people living in the various society areas of Jamnagar city (Gujarat). It consist 45 handicapped women and 45 normal women.

TOOLS:-

- (1) Personal Data sheet.
- (2) Death Anxiety scale – by Prof. K.D. Broata

STATISTICAL ANALYSIS:-

‘t’ test was applied to know the difference between the death anxiety level of handicapped women and normal women

TABLE

Group	N	MEAN	SD	t	Sing.
Handicapped Women	45	87.44	13.84	2.68	0.01
Normal Women	45	80.01	12.80		

The above table shows the levels of death anxiety of handicapped women and normal women. Where in handicapped women mean is 87.44 where as for normal women it is 80.01 and SD13.84 and 12.80 for both castes. ‘t’ level value is 2.68 and its level of sig is 0.01 “t” score of handicapped women and normal women is 2.68 it is more than critical value 2.59 (0.01). So it is significant. The hypothesis that “To study the difference between death anxiety among handicapped women and normal women.” is rejected.

Death Anxiety among Handicapped and Normal Women

CONCLUSION:-

There was significant difference between handicapped women and normal women regarding the level of death anxiety. It means level of death anxiety more in handicapped women.

REFERENCE:-

Durlak, J. A., and Riesenber, L. A. "The Impact of Death Education." *Death Studies* 15 (1991): 39–58.

Neimeyer, R. A., ed. *Death Anxiety Handbook: Research, Instrumentation, and Application*. Washington, D.C.: Taylor and Francis, 1994.

Neimeyer, R. A., and Vanbrunt, D. "Death Anxiety." In *Dying: Facing the Facts*, 3d ed. Edited by H. Wass and R. A. Neimeyer. Washington, D.C.: Taylor and Francis, 1995. Pages 49–88.

Ring, K. *Life at Death: A Scientific Investigation of the Near-Death Experience*. New York: Quill, 1982.

Depression and Mental Health Reference to Gender of College Students

Prof. (Dr.) Jayendra A. Jarsaniya¹

ABSTRACT:

The present study is intended was to find out the depression and mental health of college students. The variables included for the study apart from depression and mental health is gender of college students. The study was conducted on a sample of 120 students (60 boy students, 60 girl students) simple randomly selected from the various colleges at Rajkot city. Standardized questionnaire developed by Dr. D. J. Bhatt for mental health and for depression inventory developed by **Beck depression inventory (Gujarati adaption)** was used in this study. The data was analyzed to examine the influence of individual factors on depression and mental health dependent variables. 't' test was used for calculation for independent variable of gender and the **Karl-person 'r' method used to check the correlation between** depression and mental health. The results shows that there was a significant mean difference in relation to gender and **result of co-relation between** depression and mental health **reveals -0.418 negative correlation of** college students.

Keywords: *Depression; Mental Health; college students.*

Menninger (1945) defined mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition. Mental health can be described as absence of symptoms of maladjustment, be they mild or severe. Mentally healthy person is free from all types of maladjustment (Klein, 1956).

Jahoda (1958) has said that aspects of attitudes toward self, growth and development, self-actualization, integration of personality and mastery of the environment must be considered in judging whether a person is mentally healthy or not. Mental health is how we think, feel and act as we cope with life. It also helps determine how we handle stress, relate to others and make choices. Like physical health, mental health is important at every stage of life, from childhood and adolescence through adulthood.

¹Associate Professor, Smt. K. S. N. Kansagara Mahila College, Rajkot-Saurashtra University.

Depression and Mental Health Reference to Gender of College Students

The concept of Mental Health as well as illness is not a new one. Its roots are to be found in the early prehistory of man. Clinical Psychologist as well as educationists has started giving proper attention to the study of mental health & Mental illness. However, in India. It is relatively a new field of study. Mental health incorporates the concepts of personality characteristics and behavior all in one. In today's fast paced, technological world, there are often a variety of quick treatment for physical ailments, but not so for mental once. If anything treatment for mental health takes time and patience for maximum effectiveness. In order to understand exactly what is meant by "Mental health." We need to first define what the overarching concept of 'health' means.

Scientists in the past defined health simply as "an absence of disease or illness". However, in 1948. When the world Health organization (WHO) was founded the following definition of Health was established: "A complete state of physical Mental and social well-being and not merely the absence of disease or infirmity." Looking at this definition, we realize that individuals can at once be relatively healthy in some aspects of life, but unhealthy in others. Thus, being healthy is not an "all-or-nothing" principle. It is easy to assess physical health by taking health status measurements of the body.

Blood pressure, temperature, and cholesterol levels are all precise means by which we can tell if the physical components of the body are healthy, However Mental and Social components of health are much more challenging to assess. Though is and perception of internal states are subjective and difficult to quantify. What then is mental health?

Mental health, as defined by the surgeon General's report on Mental Health, refers to the successful performance of mental function resulting in productive activities, fulfilling relationship with other people and the ability to adapt to change and cope with adversity on the other and of the continuum is mental illness, which refers to all mental disorders." So, mental Health is attitudinal concept towards us and others. It also presents a humanistic approach towards the understanding and assessment of the self, positive feeling attitude towards self and others.

Depression is more common among women than among men. Biological, life cycle, hormonal, and psychosocial factors that women experience may be linked to women's higher depression rate. Researchers have shown that hormones directly affect the brain chemistry that controls emotions and mood. For example, women are especially vulnerable to developing postpartum depression after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming.

Some women may also have a severe form of premenstrual syndrome (PMS) called premenstrual dysphoric disorder (PMDD). PMDD is associated with the hormonal changes that typically occur around ovulation and before menstruation begins. During the transition into menopause, some women experience an increased risk for depression. In addition, osteoporosis—bone thinning or loss—may be associated with depression. Scientists are

Depression and Mental Health Reference to Gender of College Students

exploring all of these potential connections and how the cyclical rise and fall of estrogen and other hormones may affect a woman's brain chemistry. **An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated. This may lead to the development of psychology of shunning the company of others.**

REVIEW OF LITERATURE:

Sirohi (2002) conducted the study on the effect of religion on mental health. The sample consisted of 250 XI standard boys covering three religions (i.e) Hindu (n = 105), Christian (n = 80) and Muslim (n = 80). Sirohi Mental Health Questionnaire developed by the author was used for assessing the mental health of adolescents. He reported that Christian had significantly poor mental health when compared with Hindu and Muslim boys.

Vasuki and Charumathy (2004) compared the sibling rivalry with achievement motivation, frustration, mental health and self conflict of adolescents on a sample of 60 girls and 60 boys of age 15-18 years. Mental health was assessed by mental health inventory developed by Jagdish and Srivastava (1983). Rivalry resulted in inferior level of achievement motivation and poor mental health. Greater extent of sibling rivalry also leads the adolescents to become more frustrated.

OBJECTIVES:

To check the correlation between mental and Stress.

1. To find out the significant difference of depression of college students in relation to their gender.
2. To find out the significant difference of mental health of college students in relation to their gender.
3. To find out the **co-relation between depression and mental health.**

HYPOTHESIS:

1. There is no significant mean difference between the mean of depression of college students in relation to their gender.
2. There is no significant mean difference between the mean of mental health of college students in relation to their gender.
3. **There is no co-relation between depression and mental health.**

VARIABLES:

A. Independent variables: Gender

1. Boys Students

Depression and Mental Health Reference to Gender of College Students

2. Girls Students

B. Dependent variables:

- 1. Depression of Students**
- 2. Mental Health of Students**

METHOD:

Sample:

In the present study sample was selected simple random methods. The present study **was taken as a sample** 60 boys students who were studying in under Graduate (Arts, Commerce and Science) college also 60 girls students who were studying in under Graduate (Arts, Commerce and Science) college. Total 120 samples were selected in this study. **College students were taken in difference residence area at Rajkot City.** Approximately 145 samples were selected in category for the research study. After disposing off incomplete and nuclear details, a total of 120 samples were selected as primary planning.

Tools:

1. Back Depression Inventory (BDI):

Back Depression Inventory was developed by Beck. consist of 21 items assess the presence and intensity of depressive symptomatology and the items were scored from 0 to 3. This inventory has test-retest reliability coefficient ranging from 0.74 to 0.83 on different time intervals and positively correlated with Hamilton depression rating scale with a person of 0.71. Reliability and validity of Gujarati adaption in Sardar Patel University was 0.80 and 0.65.

2. Mental Health Scale:

The Mental Health Scale was developed and revised by Dr. D. J. Bhatt & shilpa (1997). The scale consisted of 40 items, each was to be rated on three point scale. Getting total score minimum 0 to maximum 120 in this scale. The reliability of this scale is 0.94 and validity is 0.63 established by the author.

Procedure:

The main aim of the present research was to a study of depression and mental health in college students. For these total 120 studding in college students were taken as a sample. Here to measure depression, back depression inventory and For Mental Health Dr. D. J. Bhatt & shilpa inventory was used. To measure the Difference between groups' by t-test and the Karl-Pearson 'r' method was used to check the correlation. Independent Variable

Depression and Mental Health Reference to Gender of College Students

gender (Male Students / Female Students) and Dependent variable 1, Depression 2, Mental Health.

RESULT AND DISCUSSION:

Table-1

Mean, SD and 't' value of Depression score of boys and girls students.

Group	N	Mean	SD	't' Value	Sig. Level
Boys Students	60	34.17	6.12	1.25	NS
Girls Students	60	32.86	5.38		

Seen from table no1 that 't' value of 1.25 is not significant at 0.05 level. This means that the two groups under the study differ not significantly in relation to depression. The mean score of boy students group is 14.17 as against the mean score of 12.86 of the girls students group. It should be remembered here that, according to scoring pattern, higher score indicate high depression. Thus from the result it could be said that the boys students is having little more depression than girl students group. The hypothesis that "There is no significant mean difference between the mean of depression of college students in relation to their gender." is accepted.

Table-2

Mean, SD and 't' value of Mental Health score of boys and girls students.

Group	N	Mean	SD	't' Value	Sig. Level
Boys Students	60	75.42	9.87	2.09	0.05
Girls Students	60	79.21	10.04		

Seen from table no 2 that 't' value of 2.09 is significant at 0.05 level. This means that the two groups under study differ significantly in relation to mental health. The mean score of boy students group is 75.42 as against the mean score of 79.21 of girl students group. It should be remembered that, according to scoring pattern, higher score indicate good mental health. Thus from the result it could be said that the girl students group is having good mental health than boy students group. The hypothesis that "There is no significant mean difference between the mean of mental health of college students in relation to their gender." is rejected.

Depression and Mental Health Reference to Gender of College Students

Table no.3

Correlation between depression and Mental Health of Students

Dependent Variable	N	Mean	r- Value	Sig. Level
Depression	60	33.52	-0.418**	0.01
Mental Health	60	77.31		

** . Correlation is significant at the 0.01 level

Seen from **table no. 3** the results obtain that **negative correlation between depression and Mental health boys and girls students. The -0.418 negative correlation between depression and Mental health. So we can say that third hypothesis was not accepted. It means as the depression increases the mental health decreases and depression decreases the mental health increases.**

CONCLUSIONS:

1. There was no significant mean difference in Depression relation to boys and girls students.
2. There was a significant mean difference in Mental health relation to boys and girls students.
3. **There were -0.418 negative correlations are seen between depression and mental health among boys and girls students.**

REFERENCES:

1. Beck AT, Steer RA, Brown G (1996); The beck depression inventory-Second Edition. Manual for the Beck Depression Inventory-II. San Antonio, TX: Psychological Corporation.
2. Beck, C. (2001); Revision of the Postpartum Depression Predictors Inventory. Journal of Obstetrics & Gyneacology NN, 31(4), 394-402.
3. Bhatt, D. J. & Gida, Geeta R. (1992); The Mental Health Hygiene Invertoory (M.H.I.). Construction and Standardization Unpublished M. Phil Dissertation Theses, Dept. of Psychology, Saurashtra University, ajkot 24-29.
4. Brummelte, S., Pawluski, J. L. & Galea, L. A. (2006); High post-partum levels of corticosterone given to dams influence postnatal hippocampal cell proliferation and behavior of offspring: A model of post-partum stress and possible depression. Hormones and Behavior, 50, 370-382.

Depression and Mental Health Reference to Gender of College Students

5. Dave C.B and Sons (1986); Statistical psychology, Viral Publishers, Ahmedabad.
6. Dennis, C.-L. and Ross, L. E. (2006); Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing*, 56(6), 588-599.
7. Kaplan HI, Shadock BJ (1996); Concise Text book of clinical psychology. Lippincott Williams and Wilkins, Philadelphia, USA.
8. M.Subramanian and Dr. S.Krishnamurthy 'A Study of mental health of post graduate commerce students and their achievement in commerce subject, 'Indian Streams Research Journal (April ; 2012)
9. Mohanth N, Begum FA (2011); Geriatric depression, loneliness and psychological well-being: Roll of age and gender. *Indian Journal of Psychology and Mental Health* 5: 53-61.
10. Srivastava, S. K., Prasad, Deepesh chand and kumar, vipin, (1999); 'A study of mental health of hindi and English medium students'. *J. Edu. Res. Extn.* , 36 (3) : 23-28.
11. Srividhya V. (2011)'Mental health and adjustment problem of students of navodhaya central and state schools', Dharwad university.
12. Weissman MM, Bland RC, Canino GJ, Faravelli C, Greenwald S, et al. (1996) Cross-national epidemiology of major depression and bipolar disorder. *JAMA* 276: 293-299.



The International Journal of
INDIAN PSYCHOLOGY

Submission open for Volume 2, Issue 3 and 4: 2015

The International Journal of Indian Psychology is proud to accept proposals for our 2013 and 2014 Issues. We hope you will be able to join us. For more information, visit our official site: www.ijip.in

Submit your Paper to,

At via site: <http://ijip.in/index.php/submit-paper.html>

Topics:

All areas related to Psychological research fields are covered under IJIP.

Benefits to Authors:

- Easy & Rapid Paper publication Process
- IJIP provides "Hard copy of full Paper" to Author, in case author's requirement.
- IJIP provides individual Soft Copy of "Certificate of Publication" to each Authors of paper.
- Full Color soft Copy of paper with Journal Cover Pages for Printing
- Paper will publish online as well as in Hard copy of journal.
- Open Access Journal Database for High visibility and promotion of your research work.
- Inclusions in all Major Bibliographic open Journal Databases like Google Scholar.
- A global list of prestigious academic journal reviewers including from WHO, University of Leipzig, University Berlin, University Hamburg, Sardar Patel University & other leading colleges & universities, networked through RED'SHINE Publication. Inc.
- Access to Featured rich IJIP Author Account (Lifetime)

Formal Conditions of Acceptance:

- Papers will only be published in English.
- All papers are refereed, and the Editor reserves the right to refuse any manuscript, whether on invitation or otherwise, and to make suggestions and/or modifications before publication.

Publication Fees:

₹500/- OR \$ 15 USD for Online and Print Publication (All authors' certificates are involved)

₹299/- per Hardcopy (Size A4 with standard Biding)

Use Our new helpline number: 0 76988 26988

**Edited, Printed and Published by RED'SHINE Publication. (India) Inc.
on behalf of the RED'MAGIC Networks. Inc.**

86: Shradhdha, 88 Navamuvada, Lunawada, Gujarat-389230

www.redshinepub.eu.pn | info.redshine@asia.com | Co.no: +91 99 98 447091